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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED OCT 20 1941

Registration District No. 398

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5554

State File No.

31703

Registrar's No.

247

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Mt. Washington
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 711 Overton
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution one month
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Mt. Washington
(If outside city or town limits, write "RURAL")
(d) Street No. 711 Overton
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 19
year 1941 hour 8 minute 5 M.

21. I hereby certify that I attended the deceased from Aug 20
1941 to Sept 19 1941
that I last saw him alive on Aug 20 1941
and that death occurred on the date and hour stated above.

Immediate cause of death
Chronic myocarditis
Arteriosclerosis of skull bones
Due to Arterial Hypertension
Duration 10 years
2 years
20 years

Other conditions (Include pregnancy within 3 months of death) 93d

Major findings: Of operations none
Of autopsy none

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 2

While at work? (Specify type of place) _____
(e) Means of injury _____

23. Signature Fred W. Cook (M. D. or other) MD
Address Superior Hill, Mo. Date signed 9/20/41

3. (a) PRINT FULL NAME George C. Weis Sr.

3. (b) If veteran, name war none 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6: (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Alice Weis 6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased October 12, 1863
(Month) (Day) (Year)

8. AGE: Years 77 Months 11 Days 23
If less than one day hr. _____ min. _____

9. Birthplace Lexington, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Hardware Merchant

11. Industry or business _____

12. Name Conrad Weis

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Margaret, Kohlbracher

15. Birthplace Pa.
(City, town, or county) (State or foreign country)

16. (a) Informant Margariete Beisenherz

(b) Address 1645 Corrington

17. (a) Burial (b) Date thereof 10/12/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lexington, Missouri

18. (a) Signature of funeral director Mrs C. L. Forster

(b) Address 918 Brooklyn K. C. Mo.

19. (a) Sept. 20 41 (b) F. P. Cook M.D.
(Date received local registrar) (Registrar's signature)

3100 (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by *Me*

....., Registered Apprentice No.
working under my personal supervision.

Signed.....

Licensed Embalmer No. *2570*

P. O. Address *Kansas City Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

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Registration District No. 398

Primary Registration District No. 5554

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Int Washington
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME

George C Weiss Sr.

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex m 5. Color or race W 6. (a) Single, widowed, married, divorced m
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Oct 12, 1863
(Month) (Day) (Year)

8. AGE: Years 77 Months 11 Days 23 If less than one day _____ min.

9. Birthplace _____ (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____
(b) Address _____

17. (a) _____ (b) Date thereof 10-22-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) Nov. 7 41 (b) F. L. Cook
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept Day _____
Year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____;
that I have seen him/her live on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Duration

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature _____ (M. D. or other)
Address _____ Date signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

SUPPLEMENTARY

S-31703 1941