

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JAN 23 1942
Registration District No. 424

Primary Registration District No. 3008

Registrar's No. 332

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

1. PLACE OF DEATH: Callaway
 (a) County Callaway
 (b) City or town Fullton
 (c) Name of hospital or institution: State Hospital No 12
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 yrs 27d
 In this community yes (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Lewis
 (c) City or town La Grange Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Engene M. Weber
 3. (b) If veteran, name war no 3. (c) Social Security No. none
 4. Sex M. D 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife 5/2 6. (c) Age of husband or wife if alive Deceased years
 7. Birth date of deceased Mar 2 1881
 (Month) (Day) (Year)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Dec day 12 year 1941 hour 4-30 minute 10 P. M.
 21. I hereby certify that I attended the deceased from 12-4-41 to 12-12-41, 1941 to 12-12-41, 1941 that I last saw him alive on Dec 12, 1941 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>60</u>	<u>9</u>	<u>10</u>	_____ hr. _____ min.

Immediate cause of death
Bronchitis Pneumonia
 Due to _____
 Due to _____
 Other conditions (include pregnancy within 3 months of death)
 Major findings: 107
 Of operations _____
 Of autopsy _____

9. Birthplace La Grange Mo D
 (City, town, or county) (State or foreign country)
 10. Usual occupation Farmer
 11. Industry or business _____
 MOTHER FATHER { 12. Name Mr M. Weber
 13. Birthplace Lewis Co Mo U
 (City, town, or county) (State or foreign country)
 14. Maiden name Maggie Weber
 15. Birthplace Colony Mo D
 (City, town, or county) (State or foreign country)
 16. (a) Informant Record
 (b) Address _____
 17. (a) Removal (b) Date thereof 12/13/41
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Kahokia, Mo
 18. (a) Signature of funeral director Geo H Wallach
 (b) Address Fullton Mo
 19. (a) Dec 15, 1941 (b) R. N. Cramer
 (Date received local registrar) (Registrar's signature)

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 0
 23. Signature George W Reeves (M. D. or other) _____
 Address State Hospital No 1 Date signed 12-12-41

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

Signed..... *Albert C. White*

Licensed Embalmer No. *4168*

P. O. Address..... *Dutton, 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.