

JAN 9 1942

Registration District No. 891

Primary Registration District No. 4540

Registrar's No. 34

1. PLACE OF DEATH:

(a) County. WAYNE
(b) City or town. PIEDMONT
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 35 (Specify whether
In this community. 35 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME LAURA BELL WEDDLE

3. (b) If veteran, name war. ✓ 3. (c) Social Security No. ✓

4. Sex. FEMALE 5. Color or race. WHITE 6. (a) Single, widowed, married, divorced. MARRIED

6. (b) Name of husband or wife. ALFRED WEDDLE 6. (c) Age of husband or wife if alive. 76 years
7. Birth date of deceased. JULY 6 1872
(Month) (Day) (Year)

8. AGE: Years 69 Months 5 Days 18 If less than one day hr. min.

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

10. Usual occupation HOUSEWORK

11. Industry or business

12. Name Lewis Johnson
13. Birthplace IND. 1
(City, town, or county) (State or foreign country)
14. Maiden name MARY E SEARLY
15. Birthplace Ky. 1
(City, town, or county) (State or foreign country)

16. (a) Informant ALFRED WEDDLE
(b) Address PIEDMONT, MO

17. (a) BURIAL (b) Date thereof DEC 26 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. MASONIC Cem. - PIEDMONT, Mo

18. (a) Signature of funeral director. Norman W. Sisk
(b) Address Piedmont, Mo

19. (a) 2-26- (b) T. C. Piles
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC day 24
year 1941 hour 12:05 minute P M.

21. I hereby certify that I attended the deceased from 12-24-1941 to 12-24-1941
that I last saw her alive on 12-24-1941
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction Duration

Due to

Due to

Other conditions. (include pregnancy within 3 months of death) 92 lb

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 T. C. Piles (M. D. or other) 0
Address Piedmont, Mo. Date signed 12-26-1941

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

111
1
0

MOTHER FATHER

129

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: Norman W. Gish

Licensed Embalmer No. 3387

P. O. Address: Putnam, Ala.

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.