

FILED MAY 14 1942  
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Registration District No. ....

Primary Registration District No. 1002

Registrar's No. 1774

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
708 Westport Road  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. About 20 years  
(Specify whether years, months or days)

In this community About 20 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")

(d) Street No. 708 Westport Road  
(If rural, give location)

(e) Citizen of foreign country? No  
(Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mrs. Alice Clay Weber

3. (b) If veteran, name war. no

3. (c) Social Security No. none

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced, Widow

6. (b) Name of husband or wife. John Weber

6. (c) Age of husband or wife if alive. 29 years

7. Birth date of deceased. Mar. 29, 1892  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	60	1	4	hr. min.

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

10. Usual occupation At Home

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Wm. Franklin Thomason

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

14. Maiden name Julia M. Keas

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

16. (a) Informant Mrs. Walter W. Randel

(b) Address 104 West Linwood

17. (a) burial (b) Date thereof 5/5/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Norborne, Mo

18. (a) Signature of funeral director. R. V. Lindsey & Sons

(b) Address 3911 Broadway

19. (a) 5-5-42 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3  
year 1942 hour 9 AM minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from March 15/42  
to May 1/42  
that I last saw her alive on May 1  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral thrombosis

Due to myocarditis

Due to 94a

Other conditions No  
(Include pregnancy within 3 months of death)

Major findings: Of operations No

Of autopsy No

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? No (Specify type of place) \_\_\_\_\_  
(e) Means of injury No

23. Signature [Signature] (M. D. or other) MD  
Address 90 Westport Rd Date signed May 4/42

Duration 7 Months

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

**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.....

*Joseph A. Keeler*

Licensed Embalmer No.....

*3738*

P. O. Address.....

*3811 Brady K.C., 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.**