

Registration District No. 399

Primary Registration District No. 102

Registrar's No.

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:
5546 Charlotte
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 50 years
years, months or days

3. (a) PRINT FULL NAME GEORGE WEIMER

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mrs. Catherine Weimer 6. (c) Age of husband or wife if alive unk years
7. Birth date of deceased Dec 15 1859
(Month) (Day) (Year)

8. AGE: Years 82 Months 6 Days 17 If less than one day hr. min.

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

10. Usual occupation Retired-Four Years

11. Industry or business Moline Implement Co

MOTHER FATHER { 12. Name Don't Know 9
13. Birthplace Don't Know
(City, town, or county) (State or foreign country)
14. Maiden name Don't Know
15. Birthplace Don't Know
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Catherine Weimer
(b) Address 5546 Charlotte St

17. (a) Burial (b) Date thereof July 4 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Marys Cemetery

18. (a) Signature of funeral director Wurk & Gobin Co
(b) Address 20 West Linwood

19. (a) July 4 1942 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 5546 Charlotte 8
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2nd day July
year 1942 hour 12:30 minute P M.

21. I hereby certify that I attended the deceased from July 2 1942 to July 2 1942
that I last saw him alive on _____ 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Generalized Casuomen's Acute Myocardial Failure - dilatation from habitus
Due to Casuomen's - Jrestath
Due to SIB

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 R. C. Gifford (M. D. or other) _____
Address 1226 Ruland Bldg Date signed 7/2/42

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

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.....

Licensed Embalmer No.....

P. O. Address.....

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.