

FILED AUG 14 1942  
Registration District No. 26 10

Primary Registration District No. 5034-5037 Registrar's No. 112

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

1. PLACE OF DEATH:

(a) County Audrain  
(b) City or town Mexico (Rural)  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: None Salt River Falls  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community Life (Specify whether years, months or days)

3. (a) PRINT FULL NAME Frank J. Weinand

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Mary J. Weinand 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased May 17, 1869  
(Month) (Day) (Year)

8. AGE: Years 73 Months 2 Days 13 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER { 12. Name Chas. Weinand  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Catherine Eutz  
15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Paul Weinand  
(b) Address Mexico, Mo.

17. (a) Rural (b) Date thereof Aug. 1, 42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Catholic Cemetery

18. (a) Signature of funeral director [Signature]

(b) Address Mexico, Mo.

19. (a) July 30 - 42 (b) Margaret H Mackie  
Date received local registrar (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Audrain  
(c) City or town Mexico  
(If outside city or town limits, write "RURAL")  
(d) Street No. R. #2 (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30  
year 1942 hour 6 minute 0 M.

21. I hereby certify that I attended the deceased from.....  
....., 19....., to....., 19.....;

that I last saw h..... alive on....., 19.....;  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Infection Duration

I find that this deceased  
came to his death by  
natural causes, heart failure.  
Ery. Burton Corone

Due to.....  
Due to.....

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

Major findings: 932  
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 Ery. Burton Corone (M. D. or other)  
Address 932 Mexico Mo Date signed 7/30/42

34 P.  
**RECEIVED**

District Health Officer No. 10

District File Number 8-42-1337

Date Filed AUG 11 1942

**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.....

*Chas. Arnsdorf*

Licensed Embalmer No. 35619

P. O. Address. Mexico

**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.**