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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 10 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23805

Registration District No. 8 31 — Primary Registration District No. ~~202~~ 5109 — Registrar's No. 10

1. PLACE OF DEATH:

(a) County Benton,

(b) City or town Lincoln Rout # 1 White
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution No, (Specify whether
In this community About 20 Yrs, years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Benton, 8

(c) City or town Lincoln 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.? ✓ 0 years.

3. (a) PRINT FULL NAME Mrs, G.W.Weyer,

3. (b) If veteran, name war

3. (c) Social Security No. No,

4. Sex F, /

5. Color or race W,

6. (a) Single, widowed, married, divorced Married /

6. (b) Name of husband or wife G.W.Meyer

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased Dec, 2[illegible] 1886
(Month) (Day) (Year)

8. AGE: Years 55 Months 7 Days 16 If less than one day hr. min.

9. Birthplace Cole Camp (City, town, or county) Mo, 0 (State or foreign country)

10. Usual occupation

11. Industry or business House Wife,

FATHER
12. Name Henry Hobein
13. Birthplace Dont Know (City, town, or county) Germany, 7 (State or foreign country)

MOTHER
14. Maiden name Catherine Holtzen
15. Birthplace Cole Camp (City, town, or county) Mo, 0 (State or foreign country)

16. (a) Informant George W.Meyer,
(b) Address Lincoln Mo,

17. (a) (Burial, ~~cremation or removal~~) (b) Date thereof July 23 1942 (Month) (Day) (Year)
(c) Place: burial or cremation N- Lincoln Lutheran Cem

18. (a) Signature of funeral director J. B. Calbert
(b) Address Lincoln Missouri

19. (a) July 23-1942 (Date received local registrar) (b) Sue Selover (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21 — year 1942 hour 86 minute P M.

21. I hereby certify that I attended the deceased from Oct - 8 - 1941 to July - 21 1942 that I last saw her alive on July - 20 - 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	
Due to Hypertension & Chronic Interstitial -	
~~Due to~~ - nephritis	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations ✓	
Of autopsy ✓	

131a

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? ✓ (Specify type of place)
While at work? ✓ (e) Means of injury

23. Signature O. L. Cuddy (M. D. ~~or other~~)
Address Lincoln Date signed 7-22-42

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
District File Number 8-42-8516
Date Filed 8-6-42

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 J. B. Calbert
Licensed Embalmer No. 2500
P. O. Address Lincoln Nb

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, above space should be left blank.