

FILED SEP 11 1942

Registration District No. \_\_\_\_\_

Primary Registration District No. 5293

Registrar's No. 30-34

1. PLACE OF DEATH:

(a) County Clinton  
(b) City or town Atchison - Rural  
(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 \_\_\_\_\_ (Specify whether)  
In this community entire life years, months or days

3. (a) PRINT FULL NAME GEORGE LAWRENCE WECKMAN

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 4

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Hannie L. Weckman 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased Sept 13 1864  
(Month) (Day) (Year)

8. AGE: Years 77 Months 10 Days 26 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Farming

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

12. Name John Adam Weckman

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

14. Maiden name Eva Bantz

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

16. (a) Informant Hannie L. Weckman

(b) Address Gowen Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 10-1942 (Month) (Day) (Year)

(c) Place: burial or cremation Antioch Cem

18. (a) Signature of funeral director H. A. Seelins

(b) Address Gowen Mo

19. (a) Aug 10-1942 (Date received local registrar) (b) ms A C Hartel (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clinton  
(c) City or town Gowen Mo (If outside city or town limits, write "RURAL")  
(d) Street No. Five mi east Gowen (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

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

21. I hereby certify that I attended the deceased from July 25th 1942, to August 9th 1942 that I last saw him alive on August 8th 1942 and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis Duration 2 weeks

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions asthma bronchial years (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 J C Starks (M. D. or other) MD  
Address Gowen Mo Date signed 8-9-42

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

25  
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**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 V. A. Sullivan

Licensed Embalmer No. 1738

P. O. Address Jewer 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.**