No. 2
4-13-40
-17-39
I X23159

36
0
0

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 5 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33684

Registration District No. 111 Primary Registration District No. 5426 Registrar's No. 36

1. PLACE OF DEATH:

(a) County Franklin

(b) City or town Rural-(Boles Twp) (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: At Home / R.F.D. #1 Gray Summit (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin 36 0 0

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

(d) Street No. R.F.D. #1 Gray Summit (If rural, give location)

(e) If foreign born, how long in U. S. A.? ✓ 0 years.

3. (a) PRINT FULL NAME William H. Weber

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex male

5. Color or race White

6. (a) Single, widowed, married, divorced 2 Widowed

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

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

7. Birth date of deceased April (Month) 17 (Day) 1858 (Year)

8. AGE: Years 84 Months 6 Days 13 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business own Farm

MOTHER FATHER

12. Name Godfery Weber

13. Birthplace (City, town, or county) Germany (State or foreign country) 7

14. Maiden name Unkown

15. Birthplace (City, town, or county) Germany (State or foreign country) 4

16. (a) Informant Louis Weber — Son

(b) Address Gray Summit, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-2-42 (Month) (Day) (Year)

(c) Place: burial or cremation Oakfield Mo Home Cem.

18. (a) Signature of funeral director Jno. L. Thieber

(b) Address Pacific, Mo.

19. (a) 11/2/42 (Date received local registrar) (b) Blanch C Fletcher (Registrar's signature)

1118

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 30 year 1942 hour 9 minute 45 P. M.

21. I hereby certify that I attended the deceased from Oct. 17th, 1942 to Oct. 30, 1942 that I last saw him alive on Oct. 26, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Broncho-pneumonia — Duration 15 days.

Due to ✓

Due to ✓

107

Other conditions Enlarged Prostate (Include pregnancy within 3 months of death) — 10 years

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? (Specify type of place) ✓

While at work? ✓ (e) Means of injury ✓

23. Signature Henry E. Bartling (M. D. or [illegible])

Address Pacific Mo. Date signed 10-31-42

(Licensed Embalmer's Statement on Reverse Side)

APR 11 1950

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 Jno L Phiebes

Licensed Embalmer No. 3008

P. O. Address Pacific, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.