

FILED DEC 18 1942

Registration District No. 199

Primary Registration District No. 1002

Registrar's No. 4598

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: Menorah Hospital, 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 weeks
(Specify whether

In this community all his life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 5440 Rockhill Road,
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)

If yes, name country X

3. (a) PRINT FULL NAME Joseph F. 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 Married

6. (b) Name of husband or wife Minnie S. Weber 6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased November 1 1862
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

80 10 9 30 hr. min.

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

10. Usual occupation Retired,

11. Industry or business X

MOTHER FATHER { 12. Name Frederick F. Weber,

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

14. Maiden name Maria Roestring

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

16. (a) Informant Mrs. John C. Grove,

(b) Address 5434 Rockhill Road, K. C., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-12-42
(Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director Stine & McClure,

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 12-10-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 10th
year 1942 hour 10:32 minute A. M.

21. I hereby certify that I attended the deceased from Nov-17-1942
to Dec 10, 1942
that I last saw him alive on Dec-10, 1942
and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Pneumonia 5-da

Due to Cleft side Hemiplegia 23 da

Due to Cerebral Hemorrhage

Due to arterio-sclerosis 5 yrs

Other conditions 87
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: ✓

Of operations: " " "

Of autopsy: ✓

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 12-10-42

(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)

Means of injury 9

23. Signature Clyde S. ... (M. D. number)

Address 636 ... Date signed 12-10-42

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

Dr. Switzer

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 *S. J. Allen*
Licensed Embalmer No. *1415*
P. O. Address *H. P. ...*

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.