

FILED DEC 18 1942

Registration District No. 749

Primary Registration District No. 1002

Registrar's No. 4513

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Lukes Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 mo & 4 days
(Specify whether years, months or days) 74

2. USUAL RESIDENCE OF DECEASED:
(a) State Kans. (b) County Johnson
(c) City or town Spring Hill Rural
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) No
If yes, name country 9

3. (a) PRINT FULL NAME Charles M. Weir
(b) If veteran, name war no
(c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec day 4th
year 1942 hour minute M.

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced widowed
(b) Name of husband or wife unk
(c) Age of husband or wife 41 years
7. Birth date of deceased April 21, 1868
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Pathologist, 19... to 19...; that I last saw him alive on ... and that death occurred on the date and hour stated above.

8. AGE: Years 74 Months 7 Days 13
If less than one day hr. min.

Immediate cause of death Pseudomonas aeruginosa
Due to Wrynosoma of usadue
Due to 12/15

9. Birthplace Spring Hill Kans
(City, town, or county) (State or foreign country)

Other conditions none
(Include pregnancy within 3 months of death)

10. Usual occupation Auditor
11. Industry or business retired
12. Name Geo. D. Weir
13. Birthplace Philadelphia Pa
(City, town, or county) (State or foreign country)

Major findings: 53
Of operations 53
Of autopsy As above

14. Maiden name Elizabeth Ann Silley
15. Birthplace Indianapolis Ind
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) C
(b) Date of occurrence C
(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?

16. (a) Informant Katharine Weir
(b) Address Spring Hill Kans
17. (a) Removal (b) Date thereof 12-5-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Spring Hill Kan
18. (a) Signature of funeral director Henry Hill Kan
(b) Address Spring Hill Kans
19. (a) 12-5-42 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

While at work? C (Specify type of place) (e) Means of injury C
23. Signature Maurice P. July (M. D. or other)
Address 909 Argyle Date signed 12-4-42

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.