

FILED FEB 23 1942

Registration District No. 407 176

Primary Registration District No. 5633 5655

1. PLACE OF DEATH:

(a) County Douglas  
(b) City or town Mount Vernon  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Missouri State Sanatorium  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1689 days  
In this community 1689 days  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Gwendolyn Weber

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

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: Oct. 29 1911  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
31 2 2 hr. min.

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

10. Usual occupation School Teacher

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

12. Name George William Weber

13. Birthplace Sweet Springs, Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Flora Elmer

15. Birthplace Sweet Springs, Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Ethel McMichael Record Clerk

(b) Address Mo. State San. Mount Vernon

17. (a) Removal (b) Date thereof 12-27-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or Sweet Springs Mo.

18. (a) Signature of funeral director A. C. Carter

(b) Address Sweet Springs Mo.

19. (a) 1-5-43 (b) Adity Choudhury  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 27  
year 1942 hour 2 minute 48 P. M.

21. I hereby certify that I attended the deceased from May 12, 1938, to December 27, 1942 that I last saw her alive on December 27, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Bronchopneumonia following thoracoplasty for Pulmonary tuberculosis

Other conditions: \_\_\_\_\_ (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_ Of autopsy See above

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) (Means of injury)

23. Signature W. D. Stoker M.D. (M. D. or other) \_\_\_\_\_  
Address Mo. Vernon Mo. Date signed 12-28-42

Duration

3 days

3 weeks

5 years

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

55  
030

97  
3

13 fl

RECEIVED

District Health Officer No. 6,  
District File Number 234-258  
Date Filed FEB 19 1943

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 *P. C. Carter*  
Licensed Embalmer No. 2813  
P. O. Address *Franklin Ave 24*

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.