

FILED MAY 5 1943

Registration District No. **149**

Primary Registration District No. **1002**

Registrar's No. **1730**

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:
1254 Grand
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 3 yrs 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. 3629 Paseo
(If rural, give location)
(e) Citizen of foreign country? yes (Yes or No)
If yes, name country Germany

3. (a) PRINT FULL NAME

Berthold Weil

3. (b) If veteran, name war No

3. (c) Social Security No. 500-14-2788

4. Sex Male

5. Color or race Wn
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Johanna Weil

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased March 27, 1886
(Month) (Day) (Year)

8. AGE: Years 57-56 Months 0 Days 10
If less than one day _____ hr. _____ min.

9. Birthplace not known Germany
(City, town, or county) (State or foreign country)

10. Usual occupation accountant

11. Industry or business

12. Name Samuel Weil
13. Birthplace not known Germany
(City, town, or county) (State or foreign country)
14. Maiden name Jeanette Veit
15. Birthplace not known Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Johanna Weil
(b) Address 3629 Paseo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-19-43
(Month) (Day) (Year)
(c) Place: burial or cremation Free Hill

18. (a) Signature of funeral director J. P. Louis
(b) Address 2400 Woodland

19. (a) 4-11-43 (Date received local registrar)
(b) M. M. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 6 year 1943 hour 2:15 minute P M.

21. I hereby certify that I attended the deceased from March 1, 1943 to April 6, 1943 that I last saw him alive on April 6, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis Sudden
Due to 94a

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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 Q
23. Signature A. Morris (M.D. or other)
Address 4200 Prof. Bldg. Date signed 4-9-43

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

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.....

Guy Buffington

Licensed Embalmer No. *2756*

P. O. Address *K. C. 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.