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FILED AUG 7 1943

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

24761

State File No.

Registration District No. 0

Primary Registration District No. 5307

Registrar's No. 7

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

1. PLACE OF DEATH:

(a) County: Cole

(b) City or town: Lohman, Mo. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: / (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: 64 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: Cole

(c) City or town: Lohman, Mo. (If outside city or town limits, write "RURAL")

(d) Street No. ____ (If rural, give location)

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

3. (a) PRINT FULL NAME: Amma Elizabeth Weber

3. (b) If veteran, name war: ____

3. (c) Social Security No.: ____

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widow

6. (b) Name of husband or wife: Karl Weber

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

7. Birth date of deceased: Dec. (Month) 27 (Day) 1861 (Year)

8. AGE: Years 81 | Months 7 | Days 1 | If less than one day: ____ hr. ____ min.

9. Birthplace: Ripley Co. Ind. (City, town, or county) / (State or foreign country)

10. Usual occupation: Farmers House Wife

11. Industry or business: ____

FATHER
12. Name: Hofmockel
13. Birthplace: Germany (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name: Ottdier
15. Birthplace: Germany (City, town, or county) 4 (State or foreign country)

16. (a) Informant: Mrs. Andy Kirschner
(b) Address: Lohman Mo.

17. (a) Burial, cremation, or removal: Lohman Luth. Cem Date thereof: 7/30/43 (Month) (Day) (Year)
(c) Place: burial or cremation: Lohman Luth. Cem.

18. (a) Signature of funeral director: Fred H. Schubert
(b) Address: Russellville, Mo

19. (a) 7-30-43 (Date received local registrar) (b) Mrs. C. W. Plummer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28th year 1943 hour 9 minute 30 A.M.

21. I hereby certify that I attended the deceased from July 15, 1943 to July 28, 1943 that I last saw her alive on July 15, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Apoplexy — Duration: 2 wks

Due to: ____

Due to: ____

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

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: Walter L. Leslie (M. D. or other)
Address: Russellville Mo Date signed 7-29-43

(Licensed Embalmer's Statement on Reverse Side)

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 wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.