

FILED NOV 19 1943

State File No. _____

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4622

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: St. Joseph Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days
(Specify whether years, months or days)

In this community 5 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Carroll

(c) City or town De Witt
(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 Henry Harrison Weber

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Jennie Weber

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased Oct 18 1862
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>81</u>	<u>0</u>	<u>12</u>	hr. _____ min.

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

10. Usual occupation Retired Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Phillip Weber

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

14. Maiden name MARCHA LINGEMAN

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

16. (a) Informant Jennie Weber

(b) Address DeWitt Mo.

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof 10-30-43
(Month) (Day) (Year)

(c) Place: burial or cremation DeWitt Mo.

18. (a) Signature of funeral director Mrs. C. L. Forster

(b) Address Kansas City Mo.

19. (a) 10-31-43 (b) H. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 30
year 1943 hour 9 minute 10 a. M.

21. I hereby certify that I attended the deceased from Oct. 27 to Oct. 30, 1943
that I last saw him alive on Oct. 27, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Fatal cerebral fracture
neck of right femur

Due to fall
Cardiac Failure

Due to _____

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

Major findings: Intercapillary fracture neck of R. femur. I was present at operation which was performed by Dr. H. L. H...

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) Accident

(b) Date of occurrence 10/26/43

(c) Where did injury occur? De Witt Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home

While at work? _____
(Specify type of place)

(e) Means of injury fall

23. Signature C. L. Francis (M. D. or other) M.D.
Address Kansas City, Mo. Date signed 10/30/43

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

JUL 10 1950

212

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 Donald C. Browning
Licensed Embalmer No. 2724
P. O. Address H. C. W.

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.