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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

File No. **38730**  
Registrar's No. **129**

FILED DEC 8 1943  
Registration District No. **207**

Primary Registration District No. **3046**

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

1. PLACE OF DEATH:

(a) County Moniteau. CO.

(b) City or town California, Mo. *Walker*

(c) Name of hospital or institution:  
City  
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau **68**

(c) City or town California, Mo.

(d) Street No. City (If outside city or town limits, write "RURAL")

(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Mary Gertrude Weigel

3. (b) If veteran, name war No

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 30  
year 1943 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from September 15 1943 to November 30 1943  
that I last saw her alive on November 30 1943  
and that death occurred on the date and hour stated above.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Geo Weigel

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased July 22 1877  
(Month) (Day) (Year)

Immediate cause of death:  
Changes of large intestine with atrolution

8. AGE: Years Months Days If less than one day

66 4 8 hr. min.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

10. Usual occupation House Wife

Other conditions (Include pregnancy within 3 months of death)

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

MOTHER FATHER { 12. Name Andrew Dorn

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

14. Maiden name Caroline Wermelskirchel

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

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant Andrew Weigel

(b) Address California Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 3 43  
(Month) (Day) (Year)

(c) Place: burial or cremation Catholic Cemt

18. (a) Signature of funeral director Bowlin Funeral Home  
(b) Address California, Mo

19. (a) 12-2-43 (Date received local registrar) (b) R. J. Allen (Registrar's signature)

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 0

23. Signature Kennon Lathan (M. D. or other) \_\_\_\_\_  
Address California, Mo Date signed 12-2-43

**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 Earl R. Bowlin  
Licensed Embalmer No. 2126  
P. O. Address California, 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.**