

FILED JAN 31 1943

Registration District No. 19

Primary Registration District No. 5428

Registrar's No. 57

1. PLACE OF DEATH:  
(a) County Franklin  
(b) City or town Boone township  
(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 50 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State MISSOURI (b) County FRANKLIN  
(c) City or town RURAL  
(If outside city or town limits, write "RURAL")  
(d) Street No. GERALD MISSOURI R.F.D.  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country /

3. (a) PRINT FULL NAME Fred H Weise  
3. (b) If veteran, name war / 3. (c) Social Security No. /

MEDICAL CERTIFICATION  
20. DATE OF DEATH, Month Dec, day 1, year 1943 hour 3 minute 30 P M.  
21. I hereby certify that I attended the deceased from 12-1-43 to 12-1-43, 1943, that I last saw him alive on DECEMBER 1, 1943, and that death occurred on the date and hour stated above.

4. Sex male 5. Color or Race White 5. (a) Single, widowed, married, divorced, married  
6. (b) Name of husband or wife Floren Weise 6. (c) Age of husband or wife if alive 39 years  
7. Birth date of deceased Aug. 18, 1875  
(Month) (Day) (Year)

Immediate cause of death CORONARY THROMBOSIS I DAY

8. AGE: Years 68 Months 3 Days 13 If less than one day hr. min.

Due to ARTERIOSCLEROSIS DK

9. Birthplace Germany (City, town, or county) (State or foreign country) 4

Other conditions 94a

10. Usual occupation farmer

Major findings: Of operations NO OPERATION Of autopsy NO AUTOPSY

11. Industry or business /

MOTHER FATHER { 12. Name Herman Weise 13. Birthplace Germany (City, town, or county) (State or foreign country) 4

14. Maiden name Caroline Steffer 15. Birthplace Germany (City, town, or county) (State or foreign country) 4

16. (a) Informant Mrs. Barbara West (b) Address Beaufort Mo.

17. (a) Burial (b) Date thereof 12-3-43 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Walnut Grove church

18. (a) Signature of funeral director J. Meyer (b) Address Beaufort Mo.

19. (a) 12/3/43 (b) Don O'Connell (Date received local registrar) (Registrar's signature)

PHYSICIAN Matthew M.D.  
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? /

While at work? (Specify type of place) (e) Means of injury /

23. Signature Matthew M.D. (M. D. or other) Address BEAUFORT MISSOURI Date signed 12-3-43

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

1139

**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 me

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Robert M. Murray

Licensed Embalmer No. 3749

P. O. Address Quensville

**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.**