

U. S. No. 2
FORM-5-43
Rev. 5-17-39
No. 1 X36671

6649

State File No. _____

FILED MAR 15 1944

Registration District No. _____

Primary Registration District No. 1000

Registrar's No. 226

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 2905 St Joseph Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community abt 50 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 2905 St Joseph Ave
(If rural, give location)
(e) Citizen of foreign country? NI (Yes or No)
If yes, name country _____

3. (a) PRINTED FULL NAME MAGGIE WEDDLE
3. (b) If veteran, name war no
3. (c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb. day 28
year 1944 hour 2:40 minute a. M.

4. Sex Female 5. Color Wh
6. (a) Single, widowed, married, divorced Mar.
6. (b) Name of husband or wife Benj. F. Weddle
6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased June 19 1869
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec 1st 1943 to Feb 28 1944
that I last saw her alive on Feb 25 1944
and that death occurred on the date and hour stated above.
Immediate cause of death arteriosclerosis?

8. AGE: Years 74 Months 8 Days 9
If less than one day _____ hr. _____ min.

Due to Age
Due to _____

9. Birthplace DeKalb Co Geo
(City, town, or county) (State or foreign country)

Other conditions Fracture of hip 1992
(Include pregnancy within 3 months of death)
Carcinoma of breast 1940

10. Usual occupation Housewife
11. Industry or business _____
12. Name John A. Shopshire
13. Birthplace Frank
(City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace Frank
(City, town, or county) (State or foreign country)

Major findings: Fracture of hip 1992
Carcinoma of breast 1940
Of operations _____
Of autopsy 50

16. (a) Informant W. H. Brown
(b) Address Okla City Okla.
17. (a) (Burial, cremation, or removal) 13
(b) Date thereof March 1 1944
(Month) (Day) (Year)
(c) Place: burial or cremation St Auburn

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? _____

18. (a) Signature of funeral director Stann Funeral Home
(b) Address St Joseph Mo
19. (a) 3-1-44 (Date received local registrar)
(b) Rose Herzog (Registrar's signature)

While at work? _____ (Specify type of place)
Means of injury _____
23. Signature Lester Dickson (M. D. or other)
Address King Hill Mo Date signed 2/28/44

1233 (Licensed Embalmer's Statement on Reverse Side) St Joseph Mo

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

11
1
2

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 *John Roy Stamey*.....

Licensed Embalmer No. *24357*.....

P. O. Address *St. Joseph*.....

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. .