V. S. No. 2
00M—5-43
Rev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 24 1944

THE STATE BOARD OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 33388

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4108

**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~~: RESEARCH HOSPITAL 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital ~~or institution~~ 2 - HOURS (Specify whether
In this community 60 YEARS years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**
(a) State MISSOURI (b) County JACKSON 48
(c) City or town KANSAS CITY 2
(If outside city or town limits, write "RURAL")
(d) Street No. 2540 · FOREST AVENUE
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ---- 0

3. (a) PRINT FULL NAME MRS. MYRTLE D. WEANT RITCHIE
3. (b) If veteran, name war No
3. (c) Social Security No. NONE
4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOWED 2
6. (b) Name of husband ~~or wife~~ MR. unk
6. (c) Age of husband or wife if alive ---- years
7. Birth date of deceased JANUARY 12 1878 (Month) (Day) (Year)

8. AGE: Years 66 ~~67~~ Months 8 Days ~~30~~ 29 If less than one day hr. min.

9. Birthplace AUDRAIN COUNTY MISSOURI (City, town, or county) (State or foreign country)
10. Usual occupation AT HOME
11. Industry or business ---
FATHER
12. Name GEORGE WEANT 0
13. Birthplace FULTON MISSOURI (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name MOLLIE McCOWAN 1
15. Birthplace UNKNOWN KENTUCKY (City, town, or county) (State or foreign country)
16. (a) Informant MR. ERNEST E WEANT
(b) Address 2540 · FOREST AVENUE
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof OCT-14-1944 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ FOREST HILL CEMETERY
18. (a) Signature of funeral director D. N. Newcomer's Sons
(b) Address 1401-BRUSH CREEK BLVD.
19. (a) 10-12-44 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month OCTOBER day 11TH year 1944 hour 7 minute 10 A.M.
21. I hereby certify that I attended the deceased from Oct 11 — 19 XX to Oct 11 19 XX that I last saw her alive on Oct 11 — 19 XX and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Coronary ~~[illegible]~~ disease Angina pectoris | 3 hrs. |
| Due to Gastric hemorrhage | |
| Due to Artery sclerosis | |
| Breast cancer 2 yrs ago | |
| Other conditions (Include pregnancy within 3 months of death) — 50 | |

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 0
23. Signature [illegible] (M. D. or ~~other~~)
Address 3850 Prospect Date signed

(Licensed Embalmer's Statement on Reverse Side)

3850 Prospect

118:3
94 b
94 a

**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 H C Newcomer Jr

Licensed Embalmer No. 4043

P. O. Address K C 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.**