

No. 2  
-5-43  
5-17-39  
X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 40504

FILED JAN 11 1945

Registration District No. 1

Primary Registration District No. 3000

Registrar's No. 341

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

1. PLACE OF DEATH:

(a) County Adair  
(b) City or town Kerksville  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution A. S. D. Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution one day  
(Specify whether years, months or days)  
In this community 3 years

3. (a) PRINT FULL NAME Henry Daniel Weber  
(b) If veteran, name war   
(c) Social Security No.

4. Sex male  
5. Color or race white  
6. (a) Single, widowed, married, divorced widowed  
6. (c) Age of husband or wife if alive  years  
7. Birth date of deceased March 1 1870  
(Month) (Day) (Year)

8. AGE: Years 74 Months 9 Days 28  
If less than one day hr. min.

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

10. Usual occupation Retired

MOTHER FATHER  
11. Industry or business  
12. Name David Weber  
13. Birthplace OK OK  
(City, town, or county) (State or foreign country)  
14. Maiden name OK  
15. Birthplace OK  
(City, town, or county) (State or foreign country)

16. (a) Informant Raymond Fisher

(b) Address 6078 - Patterson - Kerksville, Mo

17. (a) Burial (b) Date thereof 1-1-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cincinnati, Ohio

18. (a) Signature of funeral director Amis Daniel Stone

(b) Address Kerksville, Mo

19. (a) 12-29-44 (b) J. N. Wagner  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair  
(c) City or town Kerksville  
(If outside city or town limits, write "RURAL")  
(d) Street No. 607 E. Patterson  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 28  
year 1944 hour 5 minute 40 P.M.  
21. I hereby certify that I attended the deceased from June 23  
1944 to Dec 28 1944  
that I last saw him alive on Dec 28 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocardias  
due to uremic toxicity Duration \_\_\_\_\_

Due to Adenocarcinoma of sigmoid & metastatic involvement  
Due to of entire abdomen & pelvis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Colostomy done at time of biopsy  
Of autopsy 462  
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 Wm C Kelly (M. D. or other) DO  
Address Kerksville, Mo Date signed 12-29-44

FEB 20 1945

RECEIVED

District Health Officer No. 10

District File Number 1-45-88

Date Filed JAN 9 1945

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 *Bowden Beatty*

Licensed Embalmer No. *4379*

P. O. Address *Kirkville, 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.