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 5-17-39  
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DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

1513

State File No.

146

FILED JAN 26 1945

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

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:  
7432 Penn  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether)  
 In this community 50 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
 (c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 7432 Penn  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME EDGAR J WEIDMAN

3. (b) If veteran, name war World War 1 3. (c) Social Security No. 495-10-9827

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Teresa Weidman 6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased Oct 2 1894  
(Month) (Day) (Year)

8. AGE: Years 50 Months 3 Days 5 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Kansas City Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Manager of Industrial Council of Labor Relations

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

12. Name Frank Weidman

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

14. Maiden name Carrie Murray

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

16. (a) Informant Mrs. Teresa Weidman

(b) Address 7432 Penn

17. (a) Burial (b) Date thereof Jan 10 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Wm. E. Cohen Co

(b) Address 20 West Linwood

19. (a) 1-10-45 (b) W. E. Brown  
(Date signed local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7th day Jan  
 year 1945 hour 8:30 minute P M.

21. I hereby certify that I attended the deceased from 1929 to Jan 7 1945  
 that I last saw him alive on Jan 7 1945  
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary heart failure Duration 6 mos  
 Due to Myocardial infarction 20 yrs

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

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations 92 PHYSICIAN \_\_\_\_\_  
 Of autopsy None  
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)  
 (c) Means of injury \_\_\_\_\_

23. Signature Wm. E. Cohen (M.D. or other) \_\_\_\_\_  
 Address Kansas City Mo Date signed 1-9-45

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

MOTHER FATHER

FEB 5 1945

FEB 1 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.....

*Charles M. Quinn*

Licensed Embalmer No.....

*3774*

P. O. Address.....

*R. E. 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.**