

FILED MAR 8 1945  
Registration District No. 360

Primary Registration District No. 6225

Registrar's No. 28

1. PLACE OF DEATH:

(a) County Wagoner - Washington  
(b) City or town Paris - Washington  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution State Hosp # 3  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 days (Specify whether  
In this community same years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Wagoner  
(c) City or town Paris - Nevada  
(If outside city or town limits, write "RURAL")  
(d) Street No. 108 (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Fred Weiger

3. (b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced 2  
6. (b) Name of husband or wife Paul Josephine Reyer alive 3 years  
7. Birth date of deceased October 18 1864 (Month) (Day) (Year)

8. AGE: Years 81 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Retired Baker

11. Industry or business Own Bakery & Grocer

12. Name Fred Weiger

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

14. Maiden name Hildebrand

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

16. (a) Informant Mrs. Geo. Gilbert

(b) Address \_\_\_\_\_

17. (a) Burial (b) Date thereof Feb 11 1945 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Magnolia Cemetery

18. (a) Signature of funeral director Ray Funeral Home

(b) Address 137 S. 2nd St. Paris, Mo.

19. (a) 2-12-45 (b) Bozell B. Bunch (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 9 year 1945 hour 2 minute 20 P. M.

21. I hereby certify that I attended the deceased from Feb 7 1945 to Feb 9 1945 that I last saw him alive on Feb 9 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Cardio vascular Paral. Dea.

Due to arteriosclerotic Deg.

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

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration

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 plane) \_\_\_\_\_  
While at work? \_\_\_\_\_ (c) Means of injury \_\_\_\_\_

23. Signature John J. Greer (M. D. or other) \_\_\_\_\_  
Address Nevada Date signed 2/12/45

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

MAR 12 1945

RECEIVED

Health Officer No. 71

2-45-142

Date 3-7-45

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..... *L. B. Ferry*.....

Licensed Embalmer No. *1760*.....

P. O. Address *Nevada 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.