

S. No. 2
M-3-43
5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12669**

FILED APR 23 1945
Registration District No. _____

Primary Registration District No. **5014**

Registrar's No. **34**

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

1. PLACE OF DEATH:
 (a) County Andrew
 (b) City or town Jefferson Township
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution
6 mi South Savannah mo
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community 87 yrs
years, months or days)

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

3. (a) PRINT FULL NAME John Weathermon
 3. (b) If veteran, name war _____
 3. (c) Social Security No. ✓

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 3 day 28
 year 1945 hour 9 minute 25 P.M.
 21. I hereby certify that I attended the deceased from 3-17
1945 to 3-28 1945
 that I last saw him alive on 3-22 1945
 and that death occurred on the date and hour stated above.

4. Sex m 5. Color or race W
 6. (a) Single, widowed, married, divorced W
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Sept 4-1857
(Month) (Day) (Year)

Immediate cause of death Pulmonary edema Duration _____
 Due to Chronic myocarditis
 Due to _____

8. AGE: Years Months Days If less than one day
87 4 24 hr. min.
 9. Birthplace Guilford mo
(City, town, or county) (State or foreign country)

Other conditions _____
(Include pregnancy within 3 months of death)

10. Usual occupation Retired Farmer
11. Industry or business _____
MOTHER FATHER { 12. Name James W. Weathermon
 13. Birthplace Cardinal
(City, town, or county) (State or foreign country)
 14. Maiden name Elizabeth Britton
 15. Birthplace uk known
(City, town, or county) (State or foreign country)

Major findings:
 Of operations _____
 Of autopsy _____
PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant Dyna Wood Stewart
 (b) Address Savannah mo
 17. (a) B. (b) Date thereof 3-31-45
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Guilford
 18. (a) Signature of funeral director E. B. Breit
 (b) Address Savannah mo
 19. (a) 3-30-45 (b) F. A. Fitchman
(Date received local registrar) (Registrar's signature)

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 _____
 23. Signature O. R. Van DeHenger (M. D. or other) _____
 Address Clarksdale mo Date signed 3-29-45

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..... *E. L. Breit*

Licensed Embalmer No. *2650*

P. O. Address..... *Savannah 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.