

FILED SEP 20 1945  
Registration District No. **211-14**

Primary Registration District No. **52915306**

1. PLACE OF DEATH

(a) County **Cole**  
(b) City or town **Rural Macon Township**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution **Lohman No. 1**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community **Life** years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Cole** **26**  
(c) City or town **Rural Macon Township** **0**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **Lohman No.** (If rural, give location) **0**  
(e) Citizen of foreign country? **no** (Yes or No) **0**  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **5**  
year **1945** hour **12** minute **15 P.M.**  
21. I hereby certify that I attended the deceased from **1**  
**Dec.** 19**43** to **Sept 5** 19**45**  
that I last saw her alive on **Sept 5** 19**45**  
and that death occurred on the date add hour stated above.

Immediate cause of death **Congestive Heart failure** Duration **5 days**

Due to **hypertension** **8 months**  
Due to **arteriosclerosis, adenomatous**

Other conditions (Include pregnancy within 3 months of death)  
Major findings: Of operations \_\_\_\_\_  
Of autopsy **9/5/45**

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?

While at work? (Specify type of place) (e) Means of injury  
23. Signature **W. H. Hensford** (M.-D. or other)  
Address **Centerville, Mo.** Date signed **9/7/45**

3. (a) PRINT FULL NAME **Mary Ann Weiler**

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

4. Sex **Female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **widowed**

6. (b) Name of husband or wife **William Weiler** 6. (c) Age of husband or wife if alive **Deceased** years

7. Birth date of deceased **November 28, 1877** (Month) (Day) (Year)

8. AGE: Years **67** Months **9** Days **10** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Cole Junction, Mo.** (City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

MOTHER FATHER

11. Industry or business \_\_\_\_\_  
12. Name **Henry Hentze**

13. Birthplace **Cole County, Mo.** (City, town, or county) (State or foreign country)

14. Maiden name **Margaret Mann**

15. Birthplace **Cole County, Mo.** (City, town, or county) (State or foreign country)

16. (a) Informant **Bernard Weiler**

(b) Address **Lohman, Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **9/8/45** (Month) (Day) (Year)

(c) Place: burial or cremation **St. Martin, Mo.**

18. (a) Signature of funeral director **Dylogich Dulle**

(b) Address **Jefferson City, Mo.**

19. (a) **9/7/45** (Date received local registrar) (b) **E. J. Williams** (Registrar's signature)

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

**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..... *Sylvester Smith* .....

Licensed Embalmer No. *4321* .....

P. O. Address..... *Jefferson City, 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.**