

S. No. 2
 4-1-4-41
 7. 5-17-39
 W-1 X28390

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
 STANDARD CERTIFICATE OF DEATH

State File No. **42681**

FILED JAN 5 1946
 Registration District No. **348**

Primary Registration District No. **4570**

Registrar's No. **86**

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

1. PLACE OF DEATH

(a) County **Sullivan**
 (b) City or town **Osgood**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **- /**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **-**
(Specify whether)
 In this community **MRS. JUNIA D WESTON**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Sullivan**
 (c) City or town **Osgood, Mo.**
(If outside city or town limits, write "RURAL")
 (d) Street No. **0**
(If rural, give location)
 (e) Citizen of foreign country? **no** (Yes or No)
 If yes, name country **-**

3. (a) PRINT FULL NAME **MRS JUNIA D WESTON**

3. (b) If veteran, name war **-** 3. (c) Social Security No. **-**

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

6. (b) Name of husband or wife **-** 6. (c) Age of husband or wife if alive **23** years

7. Birth date of deceased **Nov 12 1862**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	83	1	11	hr. min.

9. Birthplace **Ind.** **1**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired housewife**

11. Industry or business **-**

12. Name **Henry Zilber** **1**

13. Birthplace **Ind.** **1**
(City, town, or county) (State or foreign country)

14. Maiden name **Julia Zilber**

15. Birthplace **Ind.** **1**
(City, town, or county) (State or foreign country)

16. (a) Informant **U B Weston**

(b) Address **Osgood Mo.**

17. (a) **Burial** (b) Date thereof **Dec 26 1945**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Campground cem.**

18. (a) Signature of funeral director **W. Payne**

(b) Address **Galt Mo**

19. (a) **Jan 1 1946** (b) **Brita Caldwell**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **23**
 year **45** hour **9** minute **0 PM.**

21. I hereby certify that I attended the deceased from **Nov. 1 1945** to **Dec. 23 1945**
 that I last saw her alive on **Dec 23 1945**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma Colon** Duration **2 1/2**

Due to _____

Due to _____

Other conditions **-**
(Include pregnancy within 3 months of death)

Major findings: Of operations **Ho**

Of autopsy **-**

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 **U.C. Weston**

Address **Galt, Mo.** Date signed **12-24-45**

PHYSICIAN

 Underline the cause to which death should be charged statistically.

1380

(Licensed Embalmer's Statement on Reverse Side)

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.....

PK Payne Jr

Licensed Embalmer No. *3400*

P. O. Address. *Galt*

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.