

**FILED** MAY 27 1946

State File No. \_\_\_\_\_

Registration District No. \_\_\_\_\_

Primary Registration District No. 3056

Registrar's No. 91

1. PLACE OF DEATH:

(a) County Randolph

(b) City or town Moberly, Mo  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Woodland Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 days  
(Specify whether years, months or days)

In this community whole life

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Chariton 21

(c) City or town Salisbury  
(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 Everett William Weiseman

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. 489-30-6058

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 16  
year 1946 hour 10 minute 50 A.M.

21. I hereby certify that I attended the deceased from April 6  
1946 to April 16 1946  
that I last saw him alive on April 16 1946  
and that death occurred on the date and hour stated above.

4. Sex M O 5. Color or race W

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Nancy Weiseman

6. (c) Age of husband or wife if alive 29 years

7. Birth date of deceased: April - 14 - 1920  
(Month) (Day) (Year)

Immediate cause of death: Subarachnoid Hemorrhage

Duration \_\_\_\_\_

Due to Malignant Hypertension

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

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

8. AGE: Years 26 Months - Days 2  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Chariton Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation store clerk

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

12. Name William Weiseman

13. Birthplace Chariton Co. Mo  
(City, town, or county) (State or foreign country)

14. Maiden name Joseph Biere

15. Birthplace Chariton Co. Mo  
(City, town, or county) (State or foreign country)

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

Major findings:  
- Of operations \_\_\_\_\_

Of autopsy gsw

16. (a) Informant Nancy Weiseman

(b) Address Salisbury Mo

17. (a) Burial (b) Date thereof 4 18 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Salem cemetery

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? \_\_\_\_\_

18. (a) Signature of funeral director Wm E Meyer

(b) Address Salisbury Mo

19. (a) 4/19/46 (b) Earl Weiseman  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)

(c) Means of injury \_\_\_\_\_

23. Signature W. W. Hemming M. D.

Address Woodland Hospital Date signed 18 Apr 46

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

MOTHER FATHER

JAN 27 1947

DEC 2 1946

RECEIVED

District Health Officer No. 10

District File Number 5-46-100296

Date Filed MAY 23 1946

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 Chas B. Winkelmeyer

Licensed Embalmer No. 3842

P. O. Address Salisbury 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.