

S. No. 2
M-5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE - THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF THE CENSUS
STANDARD CERTIFICATE OF DEATH

State File No. 22858

FILED JUL 29 1946

Registration District No. 43 Primary Registration District No. 3007 5143 Registrar's No. 233

1. PLACE OF DEATH:
(a) County BUTLER
(b) City or town RURAL
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Poplar Bluff Twp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether)
In this community 30 years 1 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County BUTLER 12
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. 12 mi. W. POPLAR BLUFF 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JOHN ELBERT WESTON
(b) If veteran, name war
(c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month JULY day 11
year 1946 hour 6 minute a M.

4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOWER
6. (b) Name of husband or wife LAVINA WESTON
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Dec 27 - 1886
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from JUNE 20th 1946 to JULY 11th 1946
that I last saw him alive on _____, 19____
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
79 6 14 hr. min.

Immediate cause of death
Chronic Nephritis
Cerebral Hemorrhage
Due to ✓
Due to

9. Birthplace BLUE EARTH MINN I
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)
Major findings: ✓
Of operations: ✓
Of autopsy: ✓

10. Usual occupation RETIRED FARMER

11. Industry or business
12. Name ANDREW WESTON
13. Birthplace WIS I
(City, town, or county) (State or foreign country)
14. Maiden name UNKNOWN
15. Birthplace N.Y. I
(City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Hugh Weston
(b) Address Kansas City Mo

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) Means of injury

17. (a) BURIAL (b) Date thereof JULY 15 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation SPARKMAN Cem

18. (a) Signature of funeral director W.S. Phelps
(b) Address Poplar Bluff Mo

Signature of physician H. H. Stolley (M. D. or other)
Address Poplar Bluff Mo Date signed 7/13/46

19. (a) (Date received local registrar) (b) (Registrar's signature)

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

RECEIVED

District Health Office No.

District File Number 746-87

Date Filed 7-22-46

FEB 11 1957

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 *N. T. Phelps*.....

Licensed Embalmer No. 3231.....

P. O. Address *Caplan Bleuff New*.....

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.