

No. 2
-12-45
5-17-39
I X47070

FILED SEP 10 1946

State File No. _____

Registration District No. 276

Primary Registration District No. 6072

Registrar's No. 249

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town Doe Run
(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 lifetime (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois ⁹⁴

(c) City or town Doe Run ⁰
(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 Artimisa Weddle (Artie)

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

4. Sex f / 5. Color or race W

6. (a) Single, widowed, married, divorced W 2

6. (b) Name of husband or wife Thomas Weddle 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 2 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

76 4 7 hr. _____ min.

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

10. Usual occupation housewife

11. Industry or business _____

MOTHER FATHER { 12. Name John F. Self ⁰

13. Birthplace Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Parmelia Whaley
(City, town, or county) (State or foreign country)

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

16. (a) Informant Louis Weddle

(b) Address Iron Mountain, Mo.

17. (a) b (b) Date thereof 8-11-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Doe Run, Cem.

18. (a) Signature of funeral director C. H. Cozean

(b) Address Farmington, Mo.

19. (a) 8-12-46 (b) Ether Rudloff
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 9
year 1946 hour 12.40 minute _____ p. _____ M.

21. I hereby certify that I attended the deceased from Jan ¹⁹⁴⁵ to Aug 9 ¹⁹⁴⁶
that I last saw h alive on Aug 9 ¹⁹⁴⁶
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia - ²²⁰⁰

Due to Cardio-Renal related Disease ^{3 yrs.}

Due to _____

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

Major findings: 312

Of operations _____

Of autopsy _____

Duration 2200

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? _____

(Specify type of place)

While at work? _____ (e) Means of injury /

23. Signature Geo. K. Walters (M. D. or other) ⁰

Address Farmington Mo. Date signed 8-12-46

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

RECEIVED

District Health Officer No. 4
District File Number 946-257
Date Filed 9-9-46

SEP 12 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 me
....., Registered Apprentice No.....
working under my personal supervision.

Signed Mellie Hartel
.....
Licensed Embalmer No. 2969
P. O. Address Farmington 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.