

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

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40903

State File No. _____

FILED JAN 7 1947
Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 5376

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
Little Sisters of The Poor 5
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 14 mo.
(Specify whether years, months or days)

In this community 14 Months
(Specify whether years, months or days)

3. (a) PRINT FULL NAME George Weatherlow

3. (b) If veteran, name war no

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Unknown

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

7. Birth date of deceased Sept. 27 1866
(Month) (Day) (Year)

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

80	2	21	hr. _____ min.
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9. Birthplace Unknown Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Barber

11. Industry or business _____

MOTHER FATHER { 12. Name Tyman Weatherman

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

14. Maiden name Elazabeth Slich

15. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Little Sisters of The Poor

(b) Address 5331 Highland

17. (a) Burial (b) Date thereof 12, 21, 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's Cemetery

18. (a) Signature of funeral director Quiry & Tobin Co.

(b) Address 20 W. Linwood

19. (a) 12-23-46 (b) Steraldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 5331 Highland
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 18th
year 1946 hour 11 minute 45 A.M.

21. I hereby certify that I attended the deceased from 2 Sept. 1 1945 to Dec. 18 1946
that I last saw him alive on December 12 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Duration 5 Hrs.

Due to Generalized arterio-Sclerosis 10 Yrs

Due to _____

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

Major findings: Of operations 94a

Of autopsy no

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 John J. Skanes (M. D. or other) MO
Address 1107 Grand Ave Date signed 12/21/46

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 Howard W. Farmer

Licensed Embalmer No. 4134

P. O. Address Tamaca 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.