V. S. No. 2
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Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 1616

FILED FEB 5 1947

Registration District No. 5 1947 4 Primary Registration District No. 3-03-2 5597 Registrar's No. 8

51
0
0

**1. PLACE OF DEATH:**

(a) County Johnson

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

(c) Name of hospital or institution:
Rfd. Centerview Mo
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no (Specify whether
In this community 57yrs.
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Johnson 51

(c) City or town Rural Centerview 0
(If outside city or town limits, write "RURAL")

(d) Street No. Red. Centerview Mo 0
(If rural, give location) 0

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Otto Herman Weigand

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Blanch E. Weigand

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased Nov. (Month) 21 (Day), 1889 (Year)

8. AGE: Years 57 Months 2 Days 0 If less than one day ___ hr. ___ min.

9. Birthplace Warrensburg (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Henry Weigand.
13. Birthplace Cassell (City, town, or county) Germany. (State or foreign country) 4

MOTHER
14. Maiden name Anna Schutt.
15. Birthplace Cassell (City, town, or county) Germany. (State or foreign country) 4

16. (a) Informant Mrs. Blanch E. Weigand.
(b) Address Centerview Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 23 (Month) Jan. (Day) 47. (Year)
(c) Place: burial or cremation Sunset Hill Cem.

18. (a) Signature of funeral director Sweeney Phillips.
(b) Address Warrensburg. MO.

19. (a) 1-23-1947 (Date received local registrar) (b) Savannah Crutchfield (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Jan day 21
year 1947 hour 10 minute A M.

21. I hereby certify that I attended the deceased from Jan 17, 1947, to Jan 21, 1947; that I last saw him alive on Jan 20, 1947; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Rupture of heart wall at site of infarction | 3 min. |
| Due to Coronary thrombosis | 4 days |
| Due to | |
| Other conditions Hypertension's heart disease (Include pregnancy within 3 months of death) | ? |

Major findings:
Of operations
Of autopsy

93D

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 0

23. Signature O. H. Warren (M. D. or other)

Address Warrensburg, Mo Date signed 1-23-47

(Licensed Embalmer's Statement on Reverse Side)

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## 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. J. Earl Priest

Licensed Embalmer No. 3878

P. O. Address. Winnsburg Ohio

**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.**