

No. 2
12-45
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X47070

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2205
Registrar's No. 1

FILED JAN 21 1947
Registration District No. 376

Primary Registration District No. 6069

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

1. PLACE OF DEATH:

(a) County St. Francois
(b) City or town Iron Mountain
(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 _____
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois
(c) City or town Iron Mountain
(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 EVA ADDEAN WEISS

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

4. Sex Female 5. Color or race Cauc. 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Clarence Weiss 6. (c) Age of husband or wife if alive 33 years
7. Birth date of deceased January 30 1922
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>24</u>	<u>11</u>	<u>6</u>	hr. _____ min. _____

9. Birthplace Crawford County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business *****

12. Name James Hobk Skaggs

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

14. Maiden name Erdie Askin

15. Birthplace Crawford County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Clarence Weiss

(b) Address Iron Mountain, Mo

17. (a) Burial (b) Date thereof Jan-7-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Doe Run, Missouri

18. (a) Signature of funeral director Sparks Funeral Home

(b) Address 300 Taylor Flat River, Mo

19. (a) 1-13-47 (b) Esther Rudloff
(Date received local registrar) (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 5th.
year 1947 hour 12:20 minute _____ AM.

21. I hereby certify that I attended the deceased from Jan 7 1946 to Jan 5 1947
that I last saw her alive on Jan 5 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertension

Due to cerebral hemorrhage

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

Major findings: Of operations g. 3. A.
Of autopsy _____

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? (c)

(Specify type of place) _____
While at work? (e) Means of injury _____

23. Signature Jus W. Hoffman (M. D. or other) MA
Address 125 Market, Mo Date signed 1-7-47

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

RECEIVED

District Health Officer No. 4

District File Number 147-120

Date Filed 1-20-47

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 Murphy L Sparks

Licensed Embalmer No. 4236

P. O. Address Hart River, 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.