

S. No. 2
OM-5-43
Rev. 5-17-39
I X3667

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5288**
Registrar's No. **27**

FILED MAR 10 1947
Registration District No. **764**

Primary Registration District No. **3-03-2-5601**

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

1. PLACE OF DEATH:

(a) County **Johnson**

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

(c) Name of hospital or institution:
Rfd. 1 Warrensburg
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **12 Hrs**
(Specify whether years, months or days)

In this community **54 Yrs.**

3. (a) PRINT FULL NAME **John Fredrick Weigand**

3. (b) If veteran, name war **no**

3. (c) Social Security No. **no**

4. Sex **Male** 5. Color or race **White**

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

6. (b) Name of husband or wife **Sarah Weigand**

6. (c) Age of husband or wife if alive **60** years

7. Birth date of deceased **Feb. 11 1884**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
63	0	15	hr. min.

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

10. Usual occupation **Farmer**

11. Industry or business

MOTHER FATHER

12. Name **Henry W Weigand**

13. Birthplace **Cassell Germany**
(City, town, or county) (State or foreign country)

14. Maiden name **Anna Smith**

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

16. (a) Informant **Mrs. Sarah Weigand**

(b) Address **RFD 1 Warrensburg**

17. (a) **Burial** (b) Date thereof **2-28-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Sunset Hill**

18. (a) Signature of funeral director **Sweeney Phillips**

(b) Address **Warrensburg Mo.**

19. (a) **Feb. 27, 1947** (b) *Sweeney Phillips*
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Johnson**

(c) City or town **Warrensburg Rural**
(If outside city or town limits, write "RURAL")

(d) Street No. **Rfd. 1 Warrensburg**
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **26**
year **1947** hour **9:45** minute **P** M.

21. I hereby certify that I attended the deceased from **Feb. 14**, 19**47**, to **Feb. 26**, 19**47**
that I last saw him alive on **Feb. 24**, 19**47**
and that death occurred on the date and hour stated above.

Immediate cause of death **Uremia (Terminal)** Duration 12 hr

Due to **Uremia bloody obstructive due to prostatic hypertrophy** 6.2 weeks

Due to

Other conditions **Coronary occlusion** (Include pregnancy within 3 months of death) 2 days

Major findings:
Of operations

Of autopsy

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 **0**

23. Signature *Sweeney Phillips MD* (M, D. or other)
Address **Warrensburg Mo.** Date signed **2/27/47**

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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 **Warrensburg 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.