

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

**FILED MAR 12 1947**  
Registration District No. **278**

Primary Registration District No. **3054**

Registrar's No. **21**

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

**1. PLACE OF DEATH:**  
 (a) County Pike  
 (b) City or town Louisiana  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 302 South 24th St. /  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution Home  
12 Years (Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Mo. (b) County Pike  
 (c) City or town Louisiana  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 302 South 24th St.  
(If rural, give location)  
 (e) Citizen of foreign country? no. (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** WILLIAM ELMORE WEEKS  
 (b) If veteran, name war no  
 (c) Social Security 490-14-8626

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month Feb. day 22  
 year 1947 hour 6 ; minute 00 A. M.

4. Sex Male 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married  
 (b) Name of husband or wife Fannie Lee Weeks  
 (c) Age of husband or wife if alive 66 years  
 7. Birth date of deceased April 30 1876  
(Month) (Day) (Year)

**21. I hereby certify that I attended the deceased from** 6/7, 1946, to 2/22/1947  
 that I last saw him alive on 2/21/47  
 and that death occurred on the date and hour stated above.

**8. AGE:** Years 70 Months 9 Days 22  
 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Immediate cause of death Myocardial Failure Duration 48 hrs.  
 Due to Extensive Pulmonary Tuberculosis 5 yrs  
 Due to General Debility 6 months

**9. Birthplace** Lincoln Co. Missouri  
(City, town, or county) (State or foreign country)

**10. Usual occupation** Laborer  
Stark Bros. Nursery

**11. Industry or business** \_\_\_\_\_

**12. Name** Alfred Weeks  
**13. Birthplace** Ky.  
(City, town, or county) (State or foreign country)

**14. Maiden name** Martina (?)  
**15. Birthplace** St. Louis Co. Mo.  
(City, town, or county) (State or foreign country)

**16. (a) Informant** Mrs. William Weeks  
**(b) Address** Louisiana, Mo.

**17. (a)** Burial (Burial, cremation, or removal) **(b) Date thereof** 2/24/47  
(Month) (Day) (Year)

**(c) Place: burial or cremation** Riverview Cemetery  
Haley Mortuary

**18. (a) Signature of funeral director** \_\_\_\_\_  
**(b) Address** Louisiana, Missouri

**19. (a)** 2/22/47 (Date received local registrar) **(b)** Bernice Callier (Registrar's signature)

**Other conditions** \_\_\_\_\_  
(Include pregnancy within 3 months of death)

**Major findings:** \_\_\_\_\_  
**Of operations** \_\_\_\_\_  
**Of autopsy** \_\_\_\_\_  
 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** Chas. H. Sweller (M. D. or other)  
**Address** Louisiana, Missouri **Date signed** 2/22/47

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RECEIVED  
Division of Health  
Date Filed  
MAR 11 1947  
No. 10  
2-17-48

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

George O. Wagner

XXXXXX  
Registered Apprentice No.

working under my personal supervision.

Signed

Licensed Embalmer No. 3773

P. O. Address Louisiana, 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.