V. S. No. 2
00M—5-43
Rev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 31 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9871

Registration District No. 179 Primary Registration District No. 5667 Registrar's No. 19

1. PLACE OF DEATH:
(a) County LINCOLN
(b) City or town RURAL (BEDFORD TWP)
(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 LIFE
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County LINCOLN 57
(c) City or town RURAL. BEDFORD TWP.
(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 HENRY JOHN WEINAND
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife BETTHA WEINAND
6. (c) Age of husband or wife if alive years
7. Birth date of deceased OCTOBER (Month) 5 (Day) 1869 (Year)

8. AGE: Years 77 Months 5 Days 17 If less than one day hr. min.

9. Birthplace PITTSFIELD (City, town, or county) ILL. (State or foreign country)
10. Usual occupation FARMER (RET)
11. Industry or business OWN FARM.
FATHER
12. Name GEORGE WEINAND
13. Birthplace HANOVER (City, town, or county) GERMANY (State or foreign country)
MOTHER
14. Maiden name MARGARETHA WINKLER
15. Birthplace HANOVER (City, town, or county) GERMANY (State or foreign country)
16. (a) Informant MARYLN WEINAND
(b) Address TROY, MISSOURI
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAR 24 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Troy Cemetery Troy Mo
18. (a) Signature of funeral director Kemper Funeral Home
(b) Address Troy, Missouri
19. (a) 3-23-47 (Date received local registrar) (b) Emma B. Riddle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 22
year 1947 hour 7 minute 30 P.M.
21. I hereby certify that I attended the deceased from March 1. 1947, 19, to March 22, 1947;
that I last saw him alive on March 21, 1947;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Inanition	
Due to Multiple Sclerosis	10 yrs
Due to	
Other conditions / (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

87D

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 P
23. Signature H. S. Harris M. D. (M. D. or other)
Address Troy, Mo. Date signed 3-22-47

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 5-28-47

VS MAY 19 1959

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 Joseph J. March

Licensed Embalmer No. 3932

P. O. Address Troy, Miami

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.