

S. No. 2
M-8-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 16 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17973

Registration District No. 171

Primary Registration District No. 5631

Registrar's No. 9

1. PLACE OF DEATH:

(a) County Lafayette, Mo. *Lafayette, Mo.*

(b) City or town Bates City, Mo. *Bates City, Mo.*

(c) Name of hospital or institution: *3*

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: *70 yrs*

In this community *70 yrs*

years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette

(c) City or town Bates City, Mo. *34*

(If outside city or town limits, write "RURAL")

(d) Street No. *0*

(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Robert D Weight

(b) If veteran, name war *-*

(c) Social Security No. *-*

4. Sex *M* Color or race *White*

5. Color or race *White*

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

(b) Name of husband or wife *Berta*

(c) Age of husband or wife if alive *65* years

7. Birth date of deceased *Jan 13 1877*

(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<i>70</i>	<i>2</i>	<i>8</i>	

9. Birthplace *Bates City Mo*

(City, town, or county) (State or foreign country)

10. Usual occupation *Retired mail carrier*

11. Industry or business *Farmer*

12. Name *George E. Weight*

13. Birthplace *Pomerville, Bates City, Mo*

(City, town, or county) (State or foreign country)

14. Maiden name *Emily Bradley*

15. Birthplace *Cosper Co. Mo*

(City, town, or county) (State or foreign country)

16. (a) Informant *Mrs. S. E. Osborn*

(b) Address *Adessa Mo*

17. (a) *Burial* (b) Date thereof *3-13-47*

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation *Oak Grove Mo*

18. (a) Signature of funeral director *Mrs. G. Smith, Son*

(b) Address *Oak Grove Mo*

19. (a) *Mar 22 1947* (Date received local registrar)

Lette Drummond (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *March* day *21*

year *1947* hour *4* minute *9* M.

21. I hereby certify that I attended the deceased from *called as acting coroner* to *1947*

that I last saw *alive on* and that death occurred on the date and hour stated above.

Immediate cause of death *Coronary Occlusion*

died on a highway while driving a car, breathed only

Due to *a few times*

Due to *Hypertension & arteries sclerotic*

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations *no operation*

Of autopsy *no 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) *no accident*

(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 *3*

23. Signature *W. Martin, no acting coroner*

(M. D. or other)

Address *Adessa Mo* Date signed *3-21-47*

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

80 Key 47

RECEIVED

District Health Officer No. 8, 5-14-47

District File Number.....

Date Filed 5-14-47

MAY 16 1947

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.....

Francis L. Schaberg....., Registered Apprentice No. 464
working under my personal supervision.

Signed R. B. White.....

Licensed Embalmer No. 2357

P. O. Address Blue Springs 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.