No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED AUG 11 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 23460

Registration District No. 42 — Primary Registration District No. 1000 — Registrar's No. 919

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mo. Methodist Hosp. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days (Specify whether
In this community 5 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Nebraska (b) County Lancaster 999
(c) City or town Lincoln 25 (If outside city or town limits, write "RURAL")
(d) Street No. Unknown 0 (If rural, give location) 2
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Edgar S. Weart
3. (b) If veteran, name war No
3. (c) Social Security No. Unknown
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced divorced
6. (b) Name of husband or wife Dorothy
6. (c) Age of husband or wife if alive not given years
7. Birth date of deceased April (Month) 9 (Day) 1904 (Year)

8. AGE: Years 43 Months 13 Days 22 If less than one day hr. min.

9. Birthplace Lincoln (City, town, or county) Nebraska (State or foreign country)
10. Usual occupation Machinist
11. Industry or business Unknown
FATHER
12. Name Jarret Weart
13. Birthplace Unknown (City, town, or county) New York (State or foreign country)
MOTHER
14. Maiden name Mary Griffin
15. Birthplace Belfast (City, town, or county) Ireland (State or foreign country) 4
16. (a) Informant Mrs. Ethel Holmbeck
(b) Address Lincoln, Nebraska
17. (a) Remvoal (Burial, cremation, or removal) (b) Date thereof 8/2/47 (Month) (Day) (Year)
(c) Place: burial or cremation Harmon, New York
18. (a) Signature of funeral director Heaton Bowman
(b) Address St. Joseph, Mo.
19. (a) 8-6-47 (Date received local registrar) (b) Ele. Jenkins (Registrar's signature) 382

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 1 year 1947 hour 4 minute 50 A.M.
21. I hereby certify that I attended the deceased from Aug 1st 1947 to ..., 19..., that I last saw h... alive on ..., 19..., and that death occurred on the date and hour stated above.
Immediate cause of death Injuries received in a fall down stepp
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident 3
(b) Date of occurrence July 28th 1947
(c) Where did injury occur? St Joseph, Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? in a Home - 2202 Lovers Lane (Specify type of place)
While at work? no (e) Means of injury Fall
23. Signature B. W. Tadlock Coroner (M. D. or other) 3
Address King Hill Bldg St Joseph, Mo. Date signed 8/2/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

AUG 18 19

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 William Spalding, Registered Apprentice No. 28, working under my personal supervision.

Signed Eugene Wood

Licensed Embalmer No. 3804

P. O. Address 3195 Mill, St. Joseph, 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.