S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 25 1947

Registration District No. 749

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 34729

Registrar's No. 4334

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
1186 E. 66th Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none (Specify whether
In this community 50 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 1186 E. 66th Street 8
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Elmer Lewis WEIDMAN

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex male 0

5. Color or race white

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

6. (b) Name of husband or wife Margaret Weidman

6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased August (Month) 31, (Day) 1863 (Year)

8. AGE: Years 84 | Months ~~2~~ 1 | Days 12 | If less than one day ..... hr. ..... min.

9. Birthplace Rockford, (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Retired Furniture Packer

11. Industry or business Robert Keith

FATHER
12. Name William Weidman
13. Birthplace Unknown (City, town, or county) New York (State or foreign country)

MOTHER
14. Maiden name Mariah Nashold
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country) 9

16. (a) Informant Mrs. Margaret Weidman
(b) Address 1186 E. 66th St., K.C., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-15-47 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Mellody-McGilley-Eylar
(b) Address Kansas City, Missouri

19. (a) 10-14-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 13
year 1947 hour 1 minute 10 P.M.

21. I hereby certify that I attended the deceased from October 3, 1947, to Oct. 13, 1947
that I last saw him alive on Oct. 13, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death terminal Acute Cardiac Failure — Duration 8 days

Due to Bronchial Pneumonia — 14 days

Due to Acute Coryza — 4 days

Other conditions Senility
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy 107

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 2

23. Signature Donald R. Collins (M. D. or other) N.D.
Address 82 N Woodland K.C. Date signed 10/14/47

(Licensed Embalmer's Statement on Reverse Side)

Dr. D. R. Collins
5211 Woodland
Ja. 0807

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 Glen E. Hick

Licensed Embalmer No. 4063

P. O. Address Kansas City, 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.