No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 8 1948

Registration District No. 128

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2000

State File No. 44435

Registrar's No. 4100

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

1. PLACE OF DEATH:
(a) County: Greene
(b) City or town: Springfield, (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 22 days (Specify whether years, months or days)
In this community: Seven years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Wright
(c) City or town: Mansfield. Rural (If outside city or town limits, write "RURAL")
(d) Street No.: Rt#1 (If rural, give location)
(e) Citizen of foreign country?: No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: JOHN J. WESIER
3. (b) If veteran, name war: One
3. (c) Social Security No.: Unknown
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: TINA WESIER
6. (c) Age of husband or wife if alive: 65 years
7. Birth date of deceased: March 21 1881 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
66	8	29	hr. min.

9. Birthplace: Binghampton, New York (City, town, or county) (State or foreign country)
10. Usual occupation: Soldier
11. Industry or business:
FATHER 12. Name: Unknown
13. Birthplace: Unknown (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Unknown
15. Birthplace: Unknown (City, town, or county) (State or foreign country)
16. (a) Informant: Correspondence Records
(b) Address: VAH, Springfield, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12/22/47 (Month) (Day) (Year)
(c) Place: burial or cremation: National
18. (a) Signature of funeral director: H.H. Lohmeyer
(b) Address: Springfield, Mo.
19. (a) 12-22-47 (Date received local registrar) (b) W. E. Handley MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: December day: 19 year: 1947 hour: 9 minute: 25 A.M.
21. I hereby certify that I attended the deceased from November 28, 1947, to December 19, 1947; that I last saw him alive on December 19, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma head of	
Pancreas with Metastasis to Liver	
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

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):
(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? Means of injury:
23. Signature: PAUL L. EISEIE (M. D. or other): XX
Address: Springfield, Mo. (VAH) Date signed: 12-19-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Roy H. Mercer, Jr.

Licensed Embalmer No. 4432

P. O. Address Springfield, 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.