

FILED MAR 1 1948  
96

Registration District No. ....

Primary Registration District No. 4158

Registrar's No. 11

1. PLACE OF DEATH:

(a) County DALLAS  
(b) City or town BUFFALO RURAL  
(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 3 Mos years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County DALLAS  
(c) City or town BUFFALO RURAL  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME CARL FERDRICH JULIUS WEBER

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 DIVORCED

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased AUG 30 1875  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
72 5 18 hr. \_\_\_\_\_ min.

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

10. Usual occupation MERCHANT GROC

11. Industry or business LIGUER

12. Name UNKNOWN

13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

14. Maiden name \_\_\_\_\_

15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

16. (a) Informant H.C. Mantel

(b) Address 1123 Merchandise Mart

17. (a) BURIAL (b) Date thereof 1-12-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation OAK LAWN

18. (a) Signature of funeral director: L.B. JONES

(b) Address BUFFALO MO

19. (a) 24848 (b) Max J. B. Jones  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB day 9  
year 1948 hour 10 minute 30 P.M.

21. I hereby certify that I attended the deceased from Dec 27 to 8 Feb 1948;  
that I last saw him alive on 8 Feb 1948;  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion Duration 2 hrs  
Due to Coronary heart dis + hypertrophy 2 yrs?  
Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Major findings: Of operations A47 Of 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) \_\_\_\_\_  
(b) Chicago  
(c) Illinois  
(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) (c) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) MD  
Address Buffalo Date signed 23 Feb

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

MOTHER, FATHER

District File Number 2-48-185  
Date Filed 3-3-48

**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 Mauro B. Jones  
Licensed Embalmer No. 4322  
P. O. Address Buffalo, 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.