

No. 2
-1/47
-17-39

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **7948**

FILED APR 12 1948

Registration District No. **42**

Primary Registration District No. **1000**

Registrar's No. **400**

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 4603 King Hill Avenue
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 year, 9 months, 10 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")

(d) Street No. 4603 King Hill Avenue
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Valda Lee Weston

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race negro

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased June 23 - 1946
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>1</u>	<u>9</u>	<u>10</u>	_____ hr. _____ min.

9. Birthplace St. Joseph, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Child

11. Industry or business Child

12. Name James Glenn Weston

13. Birthplace Lathrop, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Lena Mae (Gibson)

15. Birthplace Thatcher City, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Lena Mae Weston

(b) Address 4603 King Hill Ave.

17. (a) Burial, cremation, or removal Burial

(b) Date thereof 4-6-1948
(Month) (Day) (Year)

(c) Place: burial or cremation City Cemetery

18. (a) Signature of funeral director Wm. H. Alexander

(b) Address St. Joseph, Mo.

19. (a) 4-7-48 (Date received local registrar)

(b) W. B. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 3
year 1948 hour 11 minute 30 P. M.

21. I hereby certify that I attended the deceased from Apr 3
1948 to Apr 3, 1948
that I last saw her alive on Apr 3, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Infarction

Due to _____

Due to _____

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

Major findings: 33 B none

Of operations _____

Of autopsy _____

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 Fenton W. Gordon (M. D.)

Address 109 1/2 W. Mo. Ave. Date signed 4/6/48

Duration 2 days

PHYSICIAN _____

Underline the cause of which death should be charged statistically.

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

St. Joseph, Mo.

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..... *Wm. H. Alexander*.....

Licensed Embalmer No..... *4450*.....

P. O. Address..... *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.