

FILED MAR 17 1948

Registration District No.

Primary Registration District No. 5432

Registrar's No. 48

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

1. PLACE OF DEATH:

(a) County FRANKLIN

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

(c) Name of hospital or institution: VAN-DEBEN Nursing Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 months
(Specify whether years, months or days)

In this community all his life

3. (a) PRINT FULL NAME JOSEPH S WEISKOPF

3. (b) If veteran, name war XY

3. (c) Social Security No. 495-0347

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife FERN WEISKOPF

6. (c) Age of husband or wife if alive 33 years

7. Birth date of deceased FEB. 17 1905
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

42 11 29 x hr. y min.

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

10. Usual occupation School Teacher

11. Industry or business

MOTHER FATHER { 12. Name Georgy E WEISKOPF

13. Birthplace Franklin Co mo
(City, town, or county) (State or foreign country)

14. Maiden name Fredereka H. Hutter

15. Birthplace Franklin Co mo
(City, town, or county) (State or foreign country)

16. (a) Informant Fern M. Weiskopf

(b) Address Gerald, Mo.

17. (a) Burial (b) Date thereof 2-19-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Schmidt Cemetery

18. (a) Signature of funeral director George Weiskopf

(b) Address Gerald, Mo.

19. (a) 2-16-48 (b) Chapman
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Franklin

(c) City or town Gerald mo 36
(If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

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

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 16
year 1948 hour 3 minute 45 P M.

21. I hereby certify that I attended the deceased from Jan 30 1948 to 2-16-48
that I last saw him alive on 2-16-48 and that death occurred on the date and hour stated above.

Immediate cause of death multiple sclerosis 2-4 years

Due to

Due to

Other conditions (Include pregnancy within 5 months of death)

Major findings: Of operations 87 P

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) 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?

While at work? (Specify type of place) (e) Means of injury 0

23. Signature Ed Prater (M. D. or other) 1/16/48
Address Gerald mo Date signed

Date Filed 2/16/48
District No.
District Health Officer No. 9

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 Lloyd W. Olson
Licensed Embalmer No. 4344
P. O. Address Box 5, Sullivan, 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.