

S. No. 300  
OM-10-47  
Rev. 5-17-39  
I 3906

FEDERAL BUREAU OF INVESTIGATION  
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **9049**  
Registrar's No. **34**

FILED MAR 25 1948  
Registration District No. **15-7**

Primary Registration District No. **3028**

49  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County **Jasper**

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

(c) Name of hospital or institution:  
**McCune Brooks Hospital**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **2 Days**  
(Specify whether years, months or days)

In this community **Lifetime**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Newton**

(c) City or town **"Rural" Neosho**  
(If outside city or town limits, write "RURAL")

(d) Street No. **Route #5**  
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **William WEEMS JR.**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **No**

4. Sex **Male** 5. Color or race **White**

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 12, 1938**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>9</b>	<b>7</b>	<b>24</b>	hr. _____ min. _____

9. Birthplace **Newton Co. Mo.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **School Student**

11. Industry or business \_\_\_\_\_

12. Name **William Weems**

13. Birthplace **Newton Co., Mo.**  
(City, town, or county) (State or foreign country)

14. Maiden name **Bernice Williams**

15. Birthplace **Newton Co., Mo.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mr. William Weems**

(b) Address **Route #5 Neosho, Mo.**

17. (a) **Burial** (b) Date thereof **2-8-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Diamond Cemetery**

18. (a) Signature of funeral director **Ed. C. Ulmer**

(b) Address **Carthage, Mo.**

19. (a) **2-9-1948** (b) **R. B. Clinton**  
(Date received local registrar) (Registrator's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **February** day **6th.**  
year **1948** hour **7:20** minute **P.** M.

21. I hereby certify that I attended the deceased from **Feb 4**, 19**48**, to **Feb 6**, 19**48**;  
that I last saw him alive on **Feb 6**, 19**48**;  
and that death occurred on the date and hour stated above.

Immediate cause of death **Myocarditis, Rheumatic** Duration 5yr

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings:  
Of operations **none**

Of autopsy **none**

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?  
**home**  
(Specify type of place)

While at work \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature **George H. Wood** (M. D. or other)  
Address **Carthage Mo.** Date signed **Feb 7, 48**

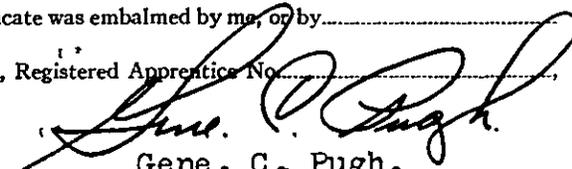
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**STATEMENT BY LICENSED EMBALMER**

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  Gene. C. Pugh.

Licensed Embalmer No. .... 4231

P. O. Address..... Carthage, 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.**