S. No. 2
1—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 18 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 45520

Registration District No. 42 | Primary Registration District No. 1000 | Registrar's No. 529

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: Rosary Hill Nursing Home (If not in hospital or institution, write street number or location) 2018 Francis St.
(d) Length of stay: In hospital or institution: 43 days (Specify whether years, months or days)
In this community: 77yrs, 43 Days

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Nodaway
(c) City or town: Maryville (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:

3. (a) PRINT FULL NAME: Martha Weeks
3. (b) If veteran, name war: ✓
3. (c) Social Security No.: ✓
4. Sex: female
5. Color or race: white
6. (a) Single, widowed, married, divorced: widowed
6. (b) Name of husband or wife: George Baker Weeks
6. (c) Age of husband or wife if alive: deceased years
7. Birth date of deceased: Dec. (Month) 31 (Day), 1870 (Year)

8. AGE:

Years	Months	Days	If less than one day
77	4	8	hr. min.

9. Birthplace: Barnard, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation: housewife
11. Industry or business: housewife

MOTHER FATHER
12. Name: Joseph Rice
13. Birthplace: Barnard (City, town, or county) Mo. (State or foreign country)
14. Maiden name: unknown
15. Birthplace: unknown (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Audra Williams
(b) Address: Maryville, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5-11-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Pleasant Grove
18. (a) Signature of funeral director: G.M. Atchison
(b) Address: Maryville, Mo
19. (a) May 11, 1948 (Date received by local registrar) (b) E. L. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9 year 1948 hour 11 minute 55 a.m.
21. I hereby certify that I attended the deceased from March 27, 1948, to May 8, 1948, that I last saw him alive on May 8, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Thrombosis	3 Days
Due to: arteriosclerosis	10 yrs
Due to:	
Other conditions: Smooth Goiter (Include pregnancy within 3 months of death)	12 yrs

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? ✓ (e) Means of injury: ✓

23. Signature: G. H. Werner (M.D.)
Address: 221 Kirkpatrick Bldg. St. Joseph Mo. Date signed: 5-10-1948

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

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 G M Atkinson

Licensed Embalmer No. 2279

P. O. Address Mongville 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.