FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUN 26 1948
Registration District No. 42

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18787
Primary Registration District No. 1000
Registrar's No. 674

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

1. PLACE OF DEATH:
(a) County Buchannan
(b) City or town St Joseph 4
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Rosary Hill Nursing Home-2018 Francis St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4yrs-6mos (Specify whether
In this community 4 yrs 6 mos
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Kansas (b) County Doniphan 999
(c) City or town rural 14
(If outside city or town limits, write "RURAL")
(d) Street No. 3 miles north of Wathena Kans 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 2
If yes, name country

3. (a) PRINT FULL NAME Elizabeth Weis
3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex female 1
5. Color or race white
6. (a) Single, widowed, married, divorced single 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April 21, 1871 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
✓	77	1	10	hr. min.

9. Birthplace Wathena, Kansas (City, town, or county) (State or foreign country)
10. Usual occupation none
11. Industry or business
FATHER
12. Name Andrew Weis
13. Birthplace --- (City, town, or county) Germany 4 (State or foreign country)
MOTHER
14. Maiden name unknown
15. Birthplace unknown, (City, town, or county) Germany 4 (State or foreign country)
16. (a) Informant Jacob Weis,
(b) Address Wathena, Kansas.
17. (a) removal (Burial, cremation, or removal) (b) Date thereof 6-1-48 (Month) (Day) (Year)
(c) Place: burial or cremation Wathena, Kansas
18. (a) Signature of funeral director Earl A. Clark
(b) Address 120 Illinois Ave. St. Joseph, Mo.
19. (a) 6-22-48 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature) 287

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1st
year 1948 hour 4 minute 30 P. M.
21. I hereby certify that I attended the deceased from Jan. 1st, 1938 to June 1st, 1948; that I last saw her alive on June 1st, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Arters-Sclerosis	5 years
Due to	
Due to	
Other conditions: Arthritis General (Include pregnancy within 3 months of death)	10 years

Major findings:
Of operations
Of autopsy 97

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? 0 (Specify type of place)
While at work? (e) Means of injury
23. Signature John G. Swails (M. D. or other) 1111
Address Wathena Kans Date signed 6-1-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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.....N. L. Dodds.....

Licensed Embalmer No.....3023.....

P. O. Address.....Wathena, Kansas

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi
the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.