

S. No. 2
M-5-43
5-17-39
X36671

UNITED STATES OF AMERICA
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19349

State File No.

FILED JUL 12 1948

Registration District No. 141

Primary Registration District No. 5551

Registrar's No. 10

1. PLACE OF DEATH:

(a) County Oregon Nowell

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

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 25 years (Specify whether _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howell

(c) City or town Brandsville, Mo.
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Walter Weibel

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Ellen Weibel 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased February 16 1866
(Month) (Day) (Year)

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

82	1	18	hr. min.
----	---	----	----------

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Herman Weibel

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

14. Maiden name Bieser

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

16. (a) Informant Granvil Wandiver

(b) Address Brandsville, Mo.

17. (a) Burial (b) Date thereof 4/4/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Hill Cem.

18. (a) Signature of funeral director Deland Carter

(b) Address Thayer, Mo.

19. (a) June 30-48 (b) Beatrice Cook
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 2 year 1948 hour 11 minute 30 P. M.

21. I hereby certify that I attended the deceased from March 15 1948 to April 2 1948
that I last saw him alive on March 20 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial heart disease

Due to atherosclerosis

Due to embolus

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

Major findings: Of operations 4/3/48

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 _____

23. Signature Walter Weibel (M. D. or other) M.D.

Address Thayer, Mo. Date signed 4-4-48

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

16
000

4/3
000

MOTHER FATHER

Cooper

RECEIVED 7-6-48
District Health Officer No. 5,
District File Number 748436
Date Filed 7-6-48

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.....

Licensed Embalmer No.....

P. O. Address.....

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.