

FEDERAL BUREAU OF INVESTIGATION  
 NATIONAL OFFICE OF VITAL STATISTICS  
**FILED JUL 29 1948**  
 REGISTRATION DISTRICT NO. 72

MISSOURI DIVISION OF HEALTH  
**STANDARD CERTIFICATE OF DEATH**  
 PRIMARY REGISTRATION DISTRICT NO. 3013

State File No. 22577  
 Registrar's No. 99

**1. PLACE OF DEATH:**

(a) County Clay  
 (b) City or town North Kansas City  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
2114 Gentry, North Kansas City, Mo.  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution At Home  
 (Specify whether years, months or days) 10 Years

3: (a) PRINT FULL NAME Lela A. Weakley

3. (b) If veteran, name war X 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Walter S. Weakley 6. (c) Age of husband or wife if alive 74 years  
 7. Birth date of deceased July 23 1877  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>70</u>	<u>11</u>	<u>31</u>	<u>X</u> hr. min.

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

10. Usual occupation Housewife

11. Industry or business Same

MOTHER FATHER { 12. Name Gerome L. Moberly  
 { 13. Birthplace Madison Co. Kentucky  
 (City, town, or county) (State or foreign country)  
 { 14. Maiden name Medaos Quisenberry  
 { 15. Birthplace Liberty Missouri  
 (City, town, or county) (State or foreign country)

16. (a) Informant Walter S. Wakley  
 (b) Address 2114 Gentry

17. (a) Burial (b) Date thereof 7-16-1948  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Floral Hills, K.C. Mo.

18. (a) Signature of funeral director Morton-Smith's F.H.  
 (b) Address 832 Armour Road, N. K.C. Mo.

19. (a) July 16 - 48 (b) Beulah Kitchner  
 (Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Clay  
 (c) City or town North Kansas City  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 2114 Gentry  
 (If rural, give location)  
 (e) Citizen of foreign country? No. (Yes or No)  
 If yes, name country XXXX

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month July day 14  
 year 1948 hour 6 minute 52 P.M.

21. I hereby certify that I attended the deceased from 7-14  
 1948, to 7-14, 1948  
 that I last saw her alive on 7-14, 1948,  
 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia Duration 3 days  
 Due to Carcinoma of Colon 2-3 years

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations H6E  
 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 [Signature] (M.D. or other)  
 Address 2028 South H.C. Mo. Date signed 7-16-48

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 1-29-48

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 \_\_\_\_\_

Walter A. Downing, Registered Apprentice No. 4247  
working under my personal supervision.

Signed Theron O. Smith

Licensed Embalmer No. 3928

P. O. Address North Lansing

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.