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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED SEP 13 1948

Registration District No. 136

Primary Registration District No. 5499

Registrar's No. 7

1. PLACE OF DEATH:

(a) County Harrison
(b) City or town Hatfield Lincoln Twp.
(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 Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Worth 113
(c) City or town Hatfield 0
(If outside city or town limits, write "RURAL") 0
(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 Hiram Thornton Weddle

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 Josephine Ruckman Weddle 6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased June 26 1892
(Month) (Day) (Year)

8. AGE: Years 56 Months I Days 2 If less than one day _____ hr. _____ min.

9. Birthplace Worth County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation retired farmer

11. Industry or business _____

MOTHER FATHER { 12. Name John Pleasant Weddle
13. Birthplace Brooklyn Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Olive Roach
15. Birthplace Worth County Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Hiram Weddle
(b) Address Hatfield, Mo.

17. (a) Burial (b) Date thereof 7-30-1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Kirk Cemetery

18. (a) Signature of funeral director W. C. Duffee
(b) Address Grant City, Mo.

19. (a) August 2, 1948 (b) Chas. A. Adams
(Date received by local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 28
Year 1948 hour 7:00 minute PM
21. I hereby certify that I attended the deceased from 6-2
to 7-28
that I last saw him alive on 7-28 and that death occurred on the date and hour stated above.

Immediate cause of death: Myocardial Infarct.
Duration 4 weeks

Due to _____
Due to Protective
Other conditions (include pregnancy within 3 months of death) 6-2-48

Major findings: Of operations ✓
Of autopsy no
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 [Address] Date signed 7-29-48

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

DISTRICT HEALTH OFFICE
Camden, Mo.

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..... *Arch C Dunfee*.....

Licensed Embalmer No. *3252*.....

P. O. Address *Grant City, 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.