

No. 300
1-10-47
5-17-39
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

26667

FILED AUG 26 1948
Registration District No. 149

State File No. _____
Registrar's No. 3245

Primary Registration District No. 1002

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: 1700 E. 77th. Terrace
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 15 years
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(d) Street No. 1700 E. 77th. Terrace
(If rural, give location)
(e) Citizen of foreign country? No
If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Bertha Louetta Weymouth
(b) If veteran, name war No
(c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month August day 8th
year 1948 hour 9:55 minutes 55 A.M.

4. Sex Female / 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife H. A. Weymouth
6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased: Sept. 9th. 1880
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 30, 1948, to August 8, 1948;
that I last saw her alive on August 7, 1948;
and that death occurred on the date and hour stated above.

8. AGE: Years 67 Months 10 Days 29
If less than one day _____ hr. _____ min.

Immediate cause of death Circulatory failure
Duration 12 hrs

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

Due to Carcinoma of stomach & wide spread metastasis 2 yrs.
Due to _____

10. Usual occupation At Home

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

11. Industry or business _____

PHYSICIAN
Major findings: Of operations Inoperable carcinoma of stomach
Of autopsy 40.5
Underline the cause to which death should be charged statistically.

MOTHER FATHER { 12. Name Rudolph Feigel
13. Birthplace Utica N. Y.
14. Maiden name Mary M. Sherman
15. Birthplace Mishawaka, Ind.

16. (a) Informant H. A. Weymouth
(b) Address 1700 E. 77th. Terrace

22. If death was due to external causes, fill in the following:

17. (a) Removal (b) Date thereof 8-9-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Minneapolis, Minn.

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

18. (a) Signature of funeral director Freeman Mortuary
(b) Address Kansas City, Missouri

While at work? _____ (Specify type of place) (c) Means of injury _____

19. (a) 8-9-48 (b) Geraldine Holme
(Date received local registrar) (Registrar's signature)

23. Signature John R. Whitman (M. D. or other)
Address 6747 Brookside Blvd Date signed 8-8-48

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 Walter H. Erwin

Licensed Embalmer No. 4352

P. O. Address Kansas 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.