

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

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **31520**  
**7842**  
Registrar's No.

FILED SEP 20 1948

Registration District No. **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
MO Pacific  
(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 time  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County Pettis  
(c) City or town Sedalia  
(If outside city or town limits, write "RURAL")  
(d) Street No. Hughesville Pt. 1  
(If rural, give location)  
(e) No. of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Ralph C. Weathers

3. (b) If veteran name war None 3. (c) Social Security No. 702-10-9118

4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married divorced Married

6. (b) Name of husband or wife Mabel Estes Weathers 6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased Dec 4, 1905  
(Month) (Day) (Year)

8. AGE: Years 42 Months 9 Days 2 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Laborer

11. Industry or business Howard E. Weathers

12. Name Jamonte MO.

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

14. Maiden name \_\_\_\_\_

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

16. (a) Informant George W. Weathers

(b) Address 1318 So. Hannan Sedalia MO

17. (a) Burial (b) Date thereof 9/9/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Sedalia MO

18. (a) Signature of funeral director Evening Funeral Home  
(b) Address Sedalia MO

19. (a) SEP 7 (b) J. F. Brudeck  
(Date received by Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 6  
year 1948 hour 7 minute 25 A. M.

21. I hereby certify that I attended the deceased from 8-13  
1948 to 9-6 1948  
that I last saw him alive on 9-5 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Rupture of aortic aneurysm  
Duration 3 wks

Due to Syphilis

Due to \_\_\_\_\_

Other conditions Kalm + Wass 47  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy Rupt of aortic aneurysm probably due to syphilis

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 Dr. B. J. [unclear] (M. D. or other) [unclear]  
Address [unclear] Date signed [unclear]

SEP 20 1948

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**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 Sheldon Collier

Licensed Embalmer No. 3382

P. O. Address. 10123 St Charles

**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.**