

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1109

FILED FEB 1 1949

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 139 PRIMARY REG. DIST. NO. 4221 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY <u>Holt</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Holt</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mound City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mound City.</u>	
c. LENGTH OF STAY (In this place) <u>65 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>5th and Savannah St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>/</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Bengaman</u>	b. (Middle) <u>Franklin</u>	c. (Last) <u>Weston.</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 17 1949</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug. 2nd 1869</u>	9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>15</u>	IF UNDER 2 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Proprietor</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Resturant</u>	11. BIRTHPLACE (State or foreign country) <u>Salem Ind. /</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Joseph Weston</u>	13b. MOTHER'S MAIDEN NAME <u>Nancie Johnston</u>	14. NAME OF HUSBAND OR WIFE <u>Hattie Weston.</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Roy M. ...</u>	ADDRESS <u>Mound City, Mo.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma Prostate</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Sept 1, 1948 to 1-17, 1949, that I last saw the deceased alive on 1-17, 1949, and that death occurred at 7:15 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>P. E. Hogan M.D.</u>	(Degree or title)	23b. ADDRESS <u>Mound City, Mo.</u>	23c. DATE SIGNED <u>1-18-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan. 19th 49.</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New Liberty emetery.</u>	24d. LOCATION (City, town, or county) (State) <u>6 miles N.W. Mound City Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Jan 19 1949</u>	REGISTRAR'S SIGNATURE <u>J. C. ...</u>	122	25. FUNERAL DIRECTOR'S SIGNATURE <u>H. ...</u>	ADDRESS <u>Mound City, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**DISTRICT HEALTH OFFICE**  
**Cameron, Mo.**

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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.....

..... Student Embalmer No. ....

working under my personal supervision.

Signed.....

*W. Crawford*

Signed.....

Student Embalmer

Licensed Embalmer No. 1824

Mound City, Mo.

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.