

FILED AUG 23 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26889

190

BIRTH NO. _____ REG. DIST. NO. 09 PRIMARY REG. DIST. NO. 4096 Registrar's No. 123

1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Cass</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Freeman</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>West Dolan Twp (Rural)</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>✓</u>		d. STREET ADDRESS (If rural, give location) <u>✓</u>	
3. NAME OF DECEASED a. (First) <u>HENRIETTA</u> b. (Middle) <u>-</u> c. (Last) <u>WELLER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 14 1949</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 11 1877</u>
9. AGE (In years last birthday) <u>72</u>		IF UNDER 1 YEAR: Months <u>-</u> Days <u>-</u>	
IF UNDER 24 HRS: Hours <u>-</u> Min. <u>-</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>	11. BIRTHPLACE (State or foreign country) <u>Cass Co Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Henry Flame Davidson</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Davidson</u>	
14. NAME OF HUSBAND OR WIFE <u>J. W. Weller</u>			
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>No</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. J. Bennett Freeman Mo</u>	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CARCINOMA of THROAT</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>DEATH Due to Metastatic</u> DUE TO (c) <u>CARCINOMA</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH <u>148X</u>			
19a. DATE OF OPERATION <u>✓</u>	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>✓</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>June</u> , 1949, to <u>Aug. 14</u> , 1949, that I last saw the deceased alive on <u>Aug. 14</u> , 1949, and that death occurred at <u>9:30 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Paul H. Green D.O.</u>		23b. ADDRESS <u>HARRISONVILLE, Mo.</u>	23c. DATE SIGNED <u>8/15/49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Aug 16-1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Freeman Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Freeman Mo</u>
DATE REC'D BY LOCAL REG. <u>Aug 16, 1949</u>	REGISTRAR'S SIGNATURE <u>Laura J. Jones</u>	51	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Funerary Harrisonville Mo</u>

(Licensed Embalmer's Statement on Reverse Side)

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

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.

Student

Student Embalmer

Signed Howard E. Simpson

Licensed Embalmer No. 4288

P. O. Address Harrisonville, 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.