S. No. 300
Rev. 10-48

FILED JAN 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

661

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 98 PRIMARY REG. DIST. NO. 4163 Registrar's No. 8

0310
1

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

1. PLACE OF DEATH
a. COUNTY: Daviess
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jamesport
c. LENGTH OF STAY (in this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ---

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Daviess
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jamesport 0310
d. STREET ADDRESS (If rural, give location): --- 0

3. NAME OF DECEASED (Type or Print)
a. (First): Frank
b. (Middle): Fredrick
c. (Last): Weidemann

4. DATE OF DEATH (Month) (Day) (Year): Jan. 14 1950

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1
8. DATE OF BIRTH: Jan. 7 1874
9. AGE (In years last birthday): 76 | IF UNDER 1 YEAR Months: 0 | Days: 7 | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer&Produce Dealer
10b. KIND OF BUSINESS OR INDUSTRY: Gen. Farming
11. BIRTHPLACE (State or foreign country): Livingston Co. Missouri 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Charles Weidemann
13b. MOTHER'S MAIDEN NAME: Bertha Lipkie
14. NAME OF HUSBAND OR WIFE: Stella Weidemann

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.: 495-26-1254
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs. Stella Weidemann, Jamesport, Mo.

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): Pernicious Anemia — INTERVAL BETWEEN ONSET AND DEATH: 3 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
2900

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar, 1948, *to* Jan 14, 1950, *that I last saw the deceased alive on* Jan 14, 1950, *and that death occurred at* 3:45P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): F. B. Bailey & DO.
23b. ADDRESS: Jamesport Mo.
23c. DATE SIGNED: 1-16-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-16-1950
24c. NAME OF CEMETERY OR CREMATORY: Masonic Cemetery
24d. LOCATION (City, town, or county) (State): Jamesport, Mo.

DATE REC'D BY LOCAL REG.: 20 Jan. 1950
REGISTRAR'S SIGNATURE: Virginia M. Engelhart 81 0
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Hope Funeral Home, Gallatin, Mo. L. O. Richesson

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
JAN 24 1950
DISTRICT
HEALTH OFFICE
CAMERON, 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 _____, Student Embalmer No. _____, working under my personal supervision.

Student .....
Student Embalmer

Signed L. O. Richesson

Licensed Embalmer No. 3307

P. O. Address Gallatin, 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.