

FILED APR 14 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8957

S. No. 300

rv. 10.48

BIRTH NO. _____		REG. DIST. NO. <u>383</u>		PRIMARY REG. DIST. NO. <u>5655</u>		Registrar's No. <u>48</u>		
1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Washington</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mount Vernon</u>		c. LENGTH OF STAY (In this place) <u>558</u> days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sullivan</u>		<u>0361</u>		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Missouri State Sanatorium</u>				d. STREET ADDRESS (If rural, give location) <u>1</u>				
3. NAME OF DECEASED (Type or Print)			a. (First) <u>George</u>			b. (Middle) <u>P.</u>		
			c. (Last) <u>Weppner</u>			4. DATE OF DEATH (Month) <u>April</u> (Day) <u>8</u> (Year) <u>1952</u>		
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>6-11-18</u>		
						9. AGE (In years last birthday) <u>33</u>		
						IF UNDER 1 YEAR Months Days		
						IF UNDER 24 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Poultry Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>			11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		
						12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Louis G. Weppner</u>			13b. MOTHER'S MAIDEN NAME <u>Minnie Siebrecht</u>			14. NAME OF HUSBAND OR WIFE <u>Charlotte Weppner</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>130-05-6328</u>			17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ruby Ann Peck Mt. Vernon, Mo.</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Far Advanced Pulmonary Tuberculosis</u>					<u>About 27</u>	
		ANTECEDENT CAUSES					<u>months</u>	
		Morbidity 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.						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
		<u>002X</u>						
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 <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>Sept. 26</u> , 19 <u>50</u> , to <u>April 8</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>April 8</u> , 19 <u>52</u> , and that death occurred at <u>5:55</u> a.m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>James C. Vesp</u> M.D.			23b. ADDRESS <u>Mount Vernon, Missouri</u>		23c. DATE SIGNED <u>4-8-52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>April 8/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Not known</u>		24d. LOCATION (City, town, or county) (State) <u>Union, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>April 8, 1952</u>		REGISTRAR'S SIGNATURE <u>Carl Hendricks</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>George B. Orr</u> Mt. Vernon Mo				

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

APR 24 1932

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 George B Orr

Licensed Embalmer No. 946

P. O. Address Mt Vernon 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.