

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31922

3881

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JACKSON					
b. CITY (If outside corporate limits, write RURAL and give town) KANSAS CITY		c. LENGTH OF STAY (in this place) 47 YEARS		c. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY		3798			
d. FULL NAME OF HOSPITAL OR INSTITUTION 3812 EAST-56 TH TERRACE				d. STREET ADDRESS (If rural, give location) 3812 EAST-56 TH TERRACE					
3. NAME OF DECEASED a. (First) EDUARD		b. (Middle) ANTON		c. (Last) WEIDEMAN		4. DATE OF DEATH (Month) (Day) (Year) AUGUST-28-1952			
5. SEX 0 MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH SEPT-13-1878			
9. AGE (In years last birthday) 73		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED		10b. KIND OF BUSINESS OR INDUSTRY HOTEL WORKER		11. BIRTHPLACE (City and State or Foreign Country) QUINCY ILLINOIS			
11. BIRTHPLACE (City and State or Foreign Country) QUINCY ILLINOIS		12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME HERMAN HENRY WEIDEMAN		13b. MOTHER'S MAIDEN NAME LOUISA M. PHIFER			
13a. FATHER'S NAME HERMAN HENRY WEIDEMAN		13b. MOTHER'S MAIDEN NAME LOUISA M. PHIFER		14. NAME OF HUSBAND OR WIFE MRS BERTHA WEIDEMAN		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. 495-10-0697		17. INFORMANT'S SIGNATURE OR NAME Mrs. BERTHA WEIDEMAN		ADDRESS 3812 EAST-56 TH TERR. KANSAS CITY, 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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension & arteriosclerosis. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 4201	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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)		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 1-21, 1910, to 8-28, 1952, that I last saw the deceased alive on 8-19, 1952, and that death occurred at 11:00 a.m., from the causes and on the date stated above.									
23a. SIGNATURE Sec. H. Leo Jones (Degree or title)				23b. ADDRESS 800 Paseo Kansas City 5-3rd		23c. DATE SIGNED 8-29-52			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE SEPT-2-1952		24c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK CEMETERY		24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI			
DATE REC'D BY LOCAL REG. 9-2-52		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE W. H. Newcomer		ADDRESS 1331 BRUSH CREEK KANSAS CITY, MISSOURI			

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 Robert E. Heron

Licensed Embalmer No. 4849

P. O. Address H. C. 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.