

S. No. 2
M-543
7. 5-17-39
I X36671

FILED NOV 6 1946

Registration District No. 11

Primary Registration District No. 5040

1. PLACE OF DEATH

(a) County Barry (E. Peter Imp)

(b) City or town E. Peter Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 9 years
years, months or days

3. (a) PRINT FULL NAME William Henry Weeks

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex male 5. Color or race white

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Martha Weeks

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb. 4 1850
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

<u>96</u>	<u>8</u>	<u>25</u>	hr. _____ min.
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9. Birthplace Memphis Tenn.
(City, town, or county) (State or foreign country)

10. Usual occupation Farming - Retired

11. Industry or business _____

MOTHER FATHER

12. Name Weeks

13. Birthplace Tenn.
(City, town, or county) (State or foreign country)

14. Maiden name Cynthia

15. Birthplace Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Minnie Lewis

(b) Address E. Peter, Missouri

17. (c) Burial (d) Date thereof Oct. 31 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Carriaga Cemetery

18. (a) Signature of funeral director Blankenship

(b) Address Monett, Missouri

19. (a) Nov 2 - 1946 (b) Grace Williams
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry 5

(c) City or town E. Peter 0
(If outside city or town limits, write "RURAL") 0

(d) Street No. _____ (If rural, give location) 0

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 29
year 1946 hour 4 minute 30 P.M.

21. I hereby certify that I attended the deceased from 1941
2, 19____, to _____, 19____;
that I last saw him alive on 10-28, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Semility Myocarditis

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: 93E

Of operations _____

Of autopsy _____

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place) (e) Means of injury 2

23. Signature W. R. M. Clark (M.D. or other) D.O.
Address Cassville, Mo Date signed 10/31/46

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

31486

10

RECEIVED

District Health Officer No. 6,

District File Number 1146-1108

Date Filed NOV 6 1946

MAY 2 1947

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed L. H. Blankenship

Licensed Embalmer No. 2897

P. O. Address Monett, 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.