

REC'D SEP 13 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

27964

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Kaw Primary Registration District No. 1002 Registered No. 3275
 (c) City Kansas City (d) Street No. Research Hospital St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Edwin R. Weeks 247
 (a) Residence, No. 3408 Harrison St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary H. Weeks
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 25, 1855
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
82 7 22

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. Retired
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wisconsin

FATHER 13. NAME Joseph Van R. Weeks

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

MOTHER 15. MAIDEN NAME Imogene Cookson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

17. INFORMANT Ruth Mary Weeks (Daughter)
 (ADDRESS) 3408 Harrison, Kansas City, Mo.

18. BURIAL, CREMATION OR REMOVAL PLACE Elmwood Cemetery
Kansas City, Mo. DATE Aug. 19 1938

19. FUNERAL DIRECTOR (NAME) Stine & McClure
 (ADDRESS) 3235 Gillham Plaza, Kansas Cy., Mo.

20. FILED Aug 18 1938 M. M. Browne
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 17 1938

22. I HEREBY CERTIFY, That I attended deceased from 8 - 13, 1938, to 9 17, 1938

I last saw him alive on 8 17, 1938 Death is said to have occurred on the date stated above, at 7:50 P. M.

The principal cause of death and related causes of importance were as follows:

Date of onset
Operated on for
Prolonged retention
of placenta
due to double labor

Name of operation pneumonia Date of
 What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify

(Signed) Prof. Bede, M. D.

(Address) Prof. Bede

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.