

REGD OCT 25 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

32850
Do not use this space.

1. PLACE OF DEATH

(a) County Morgan Registration District No. 601
(b) Township Richland Primary Registration District No. 2796 Registered No. 5
(c) City (d) Street No.
(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 52 yrs. 9 mos. 4 ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Frank Weller
(a) Residence, No. 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Alvena Schmidt Weller

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 26 - 1885

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
52 9 4

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Morgan Co Missouri

FATHER 13. NAME Nick Weller

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pettis Co Missouri

MOTHER 15. MAIDEN NAME Treshie Seimer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pettis Co Missouri

17. INFORMANT (ADDRESS) Mrs Alvena Weller
Morgan, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Bahner Cemetery Sept 1 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) A.F. Neuniger
Smithton Mo

20. FILED Sept 1 1938 Mrs Arthur Schuler
Local Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 30th 1938

22. I HEREBY CERTIFY, That I attended deceased from June 25th, 1938 to Aug. 30th 1938

I last saw him im alive on August 23rd, 1938. Death is said to have occurred on the date stated above at 3.30 P.m.

The principal cause of death and related causes of importance were as follows:
Carcinoma of the Stomach.

Other contributory causes of importance:

Name of operation none Date of
What test confirmed diagnosis? Laboratory Was there an autopsy? no

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? no
If so, specify
(Signed) M. D.

(Address) Cole Camp, Mo.

Date Filed _____
District File Number 10-5-38
District Health Officer No. 7,
RECEIVED

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.