

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

44167
 Do not use this space.

JAN 25 1939

1. PLACE OF DEATH

(a) County Platte 2 Registration District No. 698
 (b) Township Weston 1 Primary Registration District No. 4420 Registered No. _____
 (c) City _____ (d) Street No. _____
 (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

(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

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow
(If death occurred in Hospital or Institution, write its name instead of street and number)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF C. C. Mann

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 18 1862
 7. AGE YEARS 76 MONTHS 10 DAYS 17 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home
 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) ✓ 11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky 1

FATHER 13. NAME Squire Wallingford

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky 1

MOTHER 15. MAIDEN NAME Mary C. Beckett

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky 1

17. INFORMANT (ADDRESS) Miss Mary Mann Weston no

18. BURIAL, CREMATION, OR REMOVAL PLACE Graceland DATE 12-6-38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) J. H. Boile Weston no

20. FILED 12/5 19. 38 J. H. Boile Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 4 1938

22. I HEREBY CERTIFY, That I attended deceased from 1935, 19____, to Dec 4, 1938
 I last saw her alive on Dec 4, 1938. Death is said to have occurred on the date stated above, at 3 A.m.
 The principal cause of death and related causes of importance were as follows:

Endocarditis, chronic Date of onset _____
Myocarditis, acute
Atherosclerosis
 Other contributory causes of importance: 92%

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

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? none Date of injury _____, 19____
 Where did injury occur? none
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury none
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) R. J. Feunberg, M. D.
 (Address) Weston

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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, Dec 5 193

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

Signed JW Brill
Licensed Embalmer No. 832
P. O. Address Weston 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, above space should be left blank.