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

REC'D JAN 5 1939

44879
Do not use this space.

1. PLACE OF DEATH
(a) County Worth — Registration District No. 603 — Primary Registration District No. 6203 — Registered No.
(b) Township or City Middlefork
(c) Street No. — St.
(d) (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 80 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME SARAH ARMILDA WEIGART

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F.	W	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF: Joel C. Weigart

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug 6, 1856

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	82	4	19	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Housewife
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): Tarmer Mo.

FATHER
13. NAME: Preston Castle
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER
15. MAIDEN NAME: Jane W. Black
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Preston Weigart, Grant City, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Wharton Cem DATE Dec 27, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Jack C Trumbo, Grant City Mo.

20. FILED 1-7, 1939 Ida Mull Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec 25, 1938

22. I HEREBY CERTIFY, That I attended deceased from July, 1937, to Dec 25, 1938
I last saw her alive on Dec 24, 1938. Death is said to have occurred on the date stated above, at 5:00 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of breast	1937
5d	

Other contributory causes of importance:

Carcinoma of breast removed	1930

Name of operation: V — Date of: V
What test confirmed diagnosis? Clinical findings — Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? V — Date of injury: V, 19...
Where did injury occur? V
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. V
Manner of injury: V
Nature of injury: V

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify: V

(Signed) B F Hassell, M. D.
(Address) Grant City Mo

(Licensed Embalmer's Statement on Reverse Side)

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, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Jack C Dunfee

Licensed Embalmer No. 3252

P. O. Address Grant City, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.