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.

REC'D SEP

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

30452
Do not use this space.

1. PLACE OF DEATH
(a) County Vernon — Registration District No. 874
(b) Township Moundville — Primary Registration District No. 6151B — Registered No.
or
(c) City ..... (d) Street No. ..... 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 160 David E. Weber —
(a) Residence, No. W. Moundville Mo — 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 Sarah June Weber —
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 26, 1874
7. AGE YEARS 64 MONTHS 9 DAYS 20 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farming
9. Industry or business in which work was done, as saw mill, bank, etc. Farming
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) Moundville Mo —

FATHER
13. NAME H. B. Weber —
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn —

MOTHER
15. MAIDEN NAME Catherine Villiof
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn —

17. INFORMANT (ADDRESS) Clarence Weber — Moundville
18. BURIAL, CREMATION, OR REMOVAL
PLACE Hackberry Cem. DATE June 18, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Eichinger Funeral Home
20. FILED July 10, 1939 Mrs N B Prunn 799 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 17, 1939
22. I HEREBY CERTIFY, That I attended deceased from June 5, 1939, to June 19, 1939
I last saw him alive on June 17, 1939. Death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:
Chronic Pyelites
Date of onset
Other contributory causes of importance: Enlarged Prostate
Name of operation Urine Test 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) N B Prunn, M. D.
(Address) Deerfield Mo

(Licensed Embalmer's Statement on Reverse Side)

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

Signed Marsh Eichinger

Licensed Embalmer No. 2656

P. O. Address Nevada, Mo.

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

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