

JAN 16 1940

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

44010  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Marion Registration District No. 547  
 (b) Township Mason Primary Registration District No. 3079 Registered No. 334  
 (c) City Hannibal (d) Street No. St. Elizabeth 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 251 Nellie Weisenberger  
 (a) Residence, No. 517 Church 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 (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Edwards Weisenberger

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 14, 1865

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>74</u>	<u>4</u>	<u>20</u>	

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

FATHER  
 12. BIRTHPLACE (CITY OR TOWN) Muncie  
 (STATE OR COUNTRY) Indiana  
 13. NAME John Williams  
 14. BIRTHPLACE (CITY OR TOWN) Unknown  
 (STATE OR COUNTRY)

MOTHER  
 15. MAIDEN NAME Sarah Morris  
 15. BIRTHPLACE (CITY OR TOWN) Ohio  
 (STATE OR COUNTRY)

17. INFORMANT (NAME AND ADDRESS) Mrs. Charles W. Penker  
Minneapolis Minn.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Olivet DATE 12/7/39

19. FUNERAL DIRECTOR (NAME AND ADDRESS) Smiths' Funeral Home  
Hannibal Missouri

20. FILED Dec 8 39 W. C. Fisher  
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 19, 1939

22. HEREBY CERTIFY, that I attended deceased from Aug 20, 1938, to Dec 4, 1939  
 I last saw her alive on Dec 3, 1939. Death is said to have occurred on the date stated above, at 7:50 A.M.  
 The principal cause of death and related causes of importance were as follows:  
Acute Cardiac Failure 7:49 AM 12/13/39  
(Coronary Occlusion?)  
 Other contributory causes of importance:  
Coronary Sclerosis about 1935  
HT Hypertension about 11/20/39

Name of operation No Date of No  
 What test confirmed diagnosis No (Where in 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 W. C. Sultzman, M. D.  
 (Signed) W. C. Sultzman  
 (Address) Hannibal Mo.

(Licensed Embalmer's Statement on Reverse Side)

MARGIN RESERVED FOR INDEXING  
 WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD  
 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.  
 Dr. Sultzman

V. S. No. 2.  
 50M-9-19-39  
 I X1695

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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.....

..... J. J. Marsh L. E. 3932 ....., Registered Apprentice No.....  
working under my personal supervision.

Signed *Crawford Smith* .....

Licensed Embalmer No..... 3814 .....

P. O. Address..... Hannibal Missouri .....

**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.**