

No. 2
-11-10-39
5-17-39
-1 X21422

FILED FEB 12 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2289

Registration District No. 292

Primary Registration District No. 4176

Registrar's No. 5

36
30

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
 (a) County FRANKLIN
 (b) City or town NEW HAVEN
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 2
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community _____
years, months or days 2 6 5

8. (a) PRINT FULL NAME GEORGE ELLIS WEISER
 8. (b) If veteran, name war _____
 8. (c) Social Security No. _____

4. Sex MALE 5. Color or race W
 6. (a) Single, widowed, married, divorced _____
 6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Jan 31 1940
(Month) (Day) (Year)

8. AGE: Years _____ Months 39 Days _____
 If less than one day _____ hr. _____ min.

9. Birthplace NEW HAVEN Mo 0
(City, town, or county) (State or foreign country)

10. Usual occupation _____ 0

11. Industry or business _____ 0
MOTHER FATHER
 { 12. Name CARL WEISER
 { 13. Birthplace NEW HAVEN Mo
(City, town, or county) (State or foreign country)
 { 14. Maiden name DOROTHY RIATT
 { 15. Birthplace NEW HAVEN Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Carl Weiser
 (b) Address New Haven Mo
 17. (a) Burial (b) Date thereof 2-9-40
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation NORTMANN CEM

18. (a) Signature of funeral director W. B. Gering, Sr.
 (b) Address New Haven Mo
 19. (a) Feb 9 - 4 (b) Jeffie Grammermann
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Franklin
 (c) City or town New Haven
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Feb day 8
 year 1940 hour 10 minute 30 A M.

21. I hereby certify that I attended the deceased from Feb. 5, 1940 to Feb. 8, 1940; that I last saw him alive on Feb. 8, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Atelectasis
 Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: Of operations _____
 Of autopsy _____
 Duration _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
(Specify type of place)
 While at work? _____ (c) Means of injury _____
 23. Signature G. W. Held, Jr. (M. D. or other) _____
 Address New Haven, Mo. Date signed 2/9/40

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 me
....., Registered Apprentice No.
working under my personal supervision.

Signed

Earl Festig

Licensed Embalmer No.

3386

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.