

FILED MAR 16 1940

Registration District No. **3877**

Primary Registration District No. **5490**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Henry
 (b) City or town Rural Field Creek Twp
 (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 16 years
 years, months or days

3. (a) PRINT FULL NAME Thomas Weess 2nd

3. (b) If veteran, name war _____ 3. (c) Social Security No. 90-05-9620

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased. 7 (Month) 10 (Day) 1913 (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>26</u>	<u>7</u>	<u>10</u>	hr. _____ min.

9. Birthplace Peopwater (City, town, or county) MO (State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____

MOTHER FATHER { 12. Name Aloysius Weess

13. Birthplace Georgia (City, town, or county) Ill (State or foreign country)

14. Maiden name Ida Ann Cook

15. Birthplace Richhill (City, town, or county) MO (State or foreign country)

16. (a) Informant's own signature Aloysius Weess

(b) Address Clinton MO

17. (a) Burial (b) Date thereof 2 22 40
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Congregation

18. (a) Signature of funeral director Fred Wilkinson

(b) Address Clinton MO

19. (a) 2-24-40 (b) Dr J R Anagnost
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Henry
 (c) City or town Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. 5 mi N³ W of Clinton
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 20
 year 1940 hour 9 minute 15 A.M.

21. I hereby certify that I attended the deceased from 2-10-40
2-20, 1940, to 2-20, 1940,
 that I last saw him alive on 2-20, 1940,
 and that death occurred on the date and hour stated above.

Immediate cause of death Labor Pneumonia
 Due to Influenza
 Duration 5 da
2 wks

Due to _____
 Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings: _____
 Of operations _____
 Of autopsy _____
 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? _____ (e) Means of injury _____

23. Signature H. S. ... (M. D. or other) MD
 Address Clinton Date signed 2-20-40

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

Rev. 5-17-39
 I 101511

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.

RECEIVED
District Health Officer No. 7,
District Health 3-40-402
District File Number 3-5-40
Date Filed

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 *Tref Wilkerson*
Licensed Embalmer No. 2478
P. O. Address Clinton 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.