

FILED APR 22 1940

Registration District No. 218

Primary Registration District No. 3015

Registrar's No. 31

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

27  
N 23

1. PLACE OF DEATH:

(a) County COOPER  
(b) City or town BOONVILLE  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: ST. JOSEPH'S HOSPITAL  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1  
(Specify whether  
In this community 2 days  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MORGAN  
(c) City or town STOYER  
(If outside city or town limit, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME RUDOLPH W. WEYMUTH  
(b) If veteran, name war \_\_\_\_\_  
(c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month MARCH day 29<sup>th</sup>  
year 1940 hour 7 minute 55 P. M.

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
(b) Name of husband or wife Laverne Jobe  
(c) Age of husband or wife if alive 17 years  
7. Birth date of deceased: September 16 1915  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 3-27  
\_\_\_\_\_, 19\_\_\_\_, to 3-29, 19\_\_\_\_;  
that I last saw him alive on 3-29 \_\_\_\_\_ 1940  
and that death occurred on the date and hour stated above.

8. AGE: Years 24 Months 6 Days 13  
If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

Immediate cause of death: Uremia  
Due to Vascular Nephritis  
Due to Cardio-Renal System  
Other conditions Syph. lis  
(Include pregnancy within 3 months of death)

Duration
<u>2.0</u>
<u>17</u>

PHYSICIAN  
\_\_\_\_\_  
Underline the cause to which death should be charged statistically.

9. Birthplace: Lake Creek Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Truck Driver

11. Industry or business \_\_\_\_\_

12. Name George Fredrich Weymuth

18. Birthplace Lake Creek Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Emma Schroeder

15. Birthplace Lake Creek Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Emma Weymuth

(b) Address Stoyer Mo.

17. (a) Burial (b) Date thereof April 1-1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Creek Cemetery

18. (a) Signature of funeral director STEGNER-KOENIG

(b) Address Boonville Mo.

19. (a) 4-1-40 (b) W. Cooper  
(Date received local registrar) (Registrar's signature)

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature A. P. W. Bannaway (M. D. or other) M.D.  
Address Boonville Mo. Date signed 3-30-40

RECEIVED  
Health Officer No. 8,  
License File Number  
Date Filed 4-11-40

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.....

*Carl Rapp*  
.....

Registered Apprentice No. ....

working under my personal supervision.

Signed *Carl Rapp*  
.....

Licensed Embalmer No. *3458*  
.....

P. O. Address *Stover, 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.