

12013

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 664

Primary Registration District No. 5884

Registrar's No. 4

1. PLACE OF DEATH:

(a) County Pettis

(b) City or town Rural Washington Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(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. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis

(c) City or town Rural, Hart #2 Green Ridge Mo
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Eliza Anne Weller

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9
year 1940 hour 2 minute 55 P. M.

4. Sex Female 5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife William S. Weller

6. (c) Age of husband or wife if alive 74 1/2 years

7. Birth date of deceased July 29 1871
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Apr 9 1940 to Apr 9 1940
that I last saw her alive on Apr 9 1940
and that death occurred on the date and hour stated above.

8. AGE: Years 68 Months 8 Days 19
If less than one day _____ hr. _____ min.

Immediate cause of death Angina Pectoris

Due to _____

Due to _____

9. Birthplace Pettis Co. Mo.
(City, town, or county) (State or foreign country)

Other conditions Acute gastritis
(Include pregnancy within 3 months of death)

10. Usual occupation Housewife

MOTHER FATHER

11. Industry or business Farm life

12. Name William Husted

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

14. Maiden name Savilla Ann Blagden

15. Birthplace Lithberry Mo.
(City, town, or county) (State or foreign country)

Major findings: Of operations _____

Of autopsy _____

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

16. (a) Informant's own signature W. R. Weller

(b) Address Green Ridge Mo

17. (a) Burial (b) Date thereof April 13, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Ridge Cemetery

18. (a) Signature of funeral director W. R. Shelby

(b) Address Green Ridge Mo

19. (a) Apr 11 1940 (b) W. R. Shelby
(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 H. A. Hite (M. D. or other) _____
Address Green Ridge Mo Date signed 4/10/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Rev. 5-17-39
1-10811

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..... *Glen E. Heck*

Licensed Embalmer No. *4063*

P. O. Address *Brun Ridge 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.