

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

14835

MAY 13 1940

293

Registration District No.

Primary Registration District No. 5411

State File No.

Registrar's No.

1. PLACE OF DEATH:

- (a) County Franklin
(b) City or town Rural - Bates
(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 9 (Specify whether years, months or days)

In this community 19 years

8. (a) PRINT FULL NAME

IDA R. WEBER

3. (b) If veteran, name war 210

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife William Weber

6. (c) Age of husband or wife if alive 82 years

7. Birth date of deceased Sept 19 - 1860

8. AGE:

Years

Months

Days

If less than one day

79

7

12

hr. min.

9. Birthplace

(City, town, or county)

Missouri
(State or foreign country)

10. Usual occupation

Housewife

11. Industry or business

Own Home

12. Name

Fred Wallman

13. Birthplace

(City, town, or county)

Germany
(State or foreign country)

14. Maiden name

Unknown

15. Birthplace

(City, town, or county)

Unknown
(State or foreign country)

16. (a) Informant's own signature

(b) Address

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof 5-2-40

(c) Place: burial or cremation

Home Burial Plot

18. (a) Signature of funeral director

(b) Address

St. Louis Mo

19. (a) 5-2-40 (Date received local registrar)

(b) Mary Burns (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin

(c) City or town Rural - Gray Summit
(If outside city or town limits, write "RURAL")

(d) Street No. R.F.D. # 1 Leboadie Mo
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30
year 1940 hour 6 minute 30 A.M.

21. I hereby certify that I attended the deceased from 8/17/39
to Apr 30 1940
that I last saw her alive on Apr 30 1940
and that death occurred on the date and hour stated above.

Immediate cause of death

Chronic myocarditis Duration 3 years

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Chronic nephritis

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?

While at work?

(Specify type of place)

(a) Means of injury

23. Signature

(M. D. or other)

Address

Date signed

APR 11 1961

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.....

John L. Hughes

Licensed Embalmer No. 3008

P. O. Address Pacific, 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.