

No. 2
-11-10-39
-5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **17410**

Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No. **1937**

1. PLACE OF DEATH:
(a) County **Jackson,**
(b) City or town **Kansas City,**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Menorah Hospital,**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **5 1/2 hours**
(Specify whether
In this community **40 years.**
years, months or days)

3. (a) PRINT FULL NAME **Joseph Weil,** **457**
3. (b) If veteran, name war **No.** 3. (c) Social Security No. **No.**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Mrs. Laura Weil,** 6. (c) Age of husband or wife if alive **67** years
7. Birth date of deceased **August 10, 1868**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	71	8	27	hr. min.

9. Birthplace **France,** **7**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired,** **1**

11. Industry or business **X**

MOTHER FATHER { 12. Name **Marse Weil,** **6**
13. Birthplace **Germany,**
(City, town, or county) (State or foreign country)

{ 14. Maiden name **Sophia Kahn,**
15. Birthplace **Germany,**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Laura Weil,**

(b) Address **3230 Agnes, Kansas City, Mo.**

17. (a) **Burial,** (b) Date thereof **5-8-40**
(Burial, cremation, or removal) **Rosa Hill** (Month) (Day) (Year)

(c) Place: burial or cremation **Kansas City, Mo.**

18. (a) Signature of funeral director **Stine & McClure,**
(b) Address **3235 Gillham Plaza, K.C., Mo.**

19. (a) **May 8, 1940** (b) **M. M. Crowe**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri,** (b) County **Jackson,**
(c) City or town **Kansas City,**
(If outside city or town limits write "RURAL")
(d) Street No. **3230 Agnes,**
(If rural, give location)
(e) If foreign born, how long in U. S. A. **55 years.** years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **May** day **7th,**
year **1940** hour **2:45** minute **A.** M.
21. I hereby certify that I attended the deceased from **May 7, 1940**
to **May 7, 1940.**
that I last saw him **alive on May 7, 1940**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Thrombosis**
Arterio-sclerosis
Duration **several weeks**

Due to **arterio-sclerosis**

Due to **Arterio-sclerosis**

Other conditions **A4 P2**
(Include pregnancy within 3 months of death)

Major findings: **PHYSICIAN**
Of operations **Underline the cause to which death should be charged statistically.**
Of autopsy

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 **1**
23. Signature **J. H. DeCharles** (M. D. or other)
Address **1405 Bryant Bldg** Date signed **5/8/40**

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

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.....

.....
Licensed Embalmer No.....

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.