

Registration District No. **40**

Primary Registration District No. **5849**

Registrar's No. **16**

1. PLACE OF DEATH:

(a) County **Osage**
(b) City or town **Freedom, R. 10**
(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
In this community **199 East Side** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **Osage**
(c) City or town **Rural**
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) If foreign born, how long in U. S. A. **30** years.

3. (a) PRINT FULL NAME **MALINDA WEIHER**

3. (b) If veteran, name war **✓** 3. (c) Social Security No. **✓**

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **W**

6. (b) Name of husband or wife **Fred Weiker** 6. (c) Age of husband or wife if alive **✓** years

7. Birth date of deceased **Jan 18 1861**
(Month) (Day) (Year)

8. AGE: Years **79** Months **5** Days **29** If less than one day hr. min.

9. Birthplace **Buchanan Co. - Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business
12. Name **Unknown**
18. Birthplace **Unknown**
14. Maiden name **Unknown**
15. Birthplace **Unknown**

16. (a) Informant **Charles Weiker**
(b) Address **Ryers**

17. (a) **Burial** (b) Date thereof **7-3-40**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Ryers**

18. (a) Signature of funeral director **Martin Funeral Home**
(b) Address **Lincoln Mo**

19. (a) **7-2-1940** (b) **Miss Doris Jeff**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **30** year **1940** hour **8** minute **30 P. M.**

21. I hereby certify that I attended the deceased from **June 29 1940** to **June 30 1940** that I last saw her alive on **June 30 1940** and that death occurred on the date and hour stated above.

Immediate cause of death **Acute dilatation of heart**
Due to **chronic myocarditis** 2 years
Due to **chronic bronchitis and emphysema** 2 years
Other conditions **old age 78 years**
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: **1/31**
Of operations
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? **571**
(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 **Joe Williamson** (M. D. or other) Address **Ryers** Date signed **July 30 1940**

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

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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 Vernon Morton

Licensed Embalmer No. 4125

P. O. Address Linn

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.