No. 2
4-13-40
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. 31451

FILED OCT 10 1940

Registration District No. 85 — Primary Registration District No. 1001 — Registrar's No. 1010

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

1. PLACE OF DEATH:
(a) County Buchanan,
(b) City or town Saint Joseph,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri Methodist Hospital,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 days (Specify whether
In this community 10 days,
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri, (b) County Worth,
(c) City or town Sheridan,
(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 Elsie Weese,
3. (b) If veteran, name war None,
3. (c) Social Security No. None,
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed,
6. (b) Name of husband or wife Edward Weese,
6. (c) Age of husband or wife if alive years
7. Birth date of deceased February (Month) 24th. (Day) 1861 (Year)

8. AGE: Years 79 | Months 6 | Days 20 | If less than one day hr. min.

9. Birthplace Worth County, (City, town, or county) Missouri, (State or foreign country) 0
10. Usual occupation At Home, 9
11. Industry or business 9
FATHER
12. Name B. Ray,
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)
MOTHER
14. Maiden name Elizabeth Rowen,
15. Birthplace Unknown, (City, town, or county) Unknown, (State or foreign country)
16. (a) Informant Noble Weese
(b) Address Sheridan, Missouri,
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9/14/40 (Month) (Day) (Year)
(c) Place: burial or cremation Grant City, Mo.
18. (a) Signature of funeral director Heaton - McGale - Bowman Funeral Home
(b) Address 319 South 10th Street
19. (a) Sept 14 1940 (Date received local registrar) (b) H J Mistlebush (Registrar's signature) se

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 14th.
year 1940 hour 3:00 minute 30a. M.
21. I hereby certify that I attended the deceased from Sept 5, 1940 to Sept 14, 1940
that I last saw her alive on Sept 13, 1940
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Sclerosis, arteria Sclerosis General.	Unknown
Due to Diabetes mellitus	Unknown
Due to 54	
Other conditions Hypertensive Heart disease. Nephritis chr. (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy Same as above.

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?
(Specify type of place)
85 While at work? (e) Means of injury
23. Signature E. M. Shores (M. D. or other) MD
Address 317 Kirkpatrick Bldg Date signed 9-14-40

(Licensed Embalmer's Statement on Reverse Side) St Joseph Mo.

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 Sept. 14-

....., Registered Apprentice No.....

working under my personal supervision.

Signed Wm. E. Summerfield

Licensed Embalmer No. 3007

P. O. Address 319 So. 10th St. Joseph Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.