FILED NOV 12 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34380

Registration District No. 399 — Primary Registration District No. 1002 — Registrar's No. 3896

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: Trinity Lutheran (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days (Specify whether

In this community 3 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Petis,

(c) City or town Green Ridge, Mo. (If outside city or town limits, write "RURAL")

(d) Street No. Don't know (If rural, give location)

(e) If foreign born, how long in U. S. A.? No years.

3. (a) PRINT FULL NAME Wm. Luther Weller

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife —

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

7. Birth date of deceased July (Month) 5, (Day) 1864 (Year)

8. AGE: Years 76 Months 3 Days 3 If less than one day ..... hr. ..... min.

9. Birthplace Wavenville, Ohio (City, town, or county) (State or foreign country)

10. Usual occupation Retired farmer

11. Industry or business Own business

FATHER
12. Name Wm. M. Weller
13. Birthplace Ohio (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Staley
15. Birthplace Ohio (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Trinity Hospital records

(b) Address 28th Wyandotte

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10-9-40 (Month) (Day) (Year)

(c) Place: burial or cremation Green Ridge, Mo

18. (a) Signature of funeral director Harry Butler

(b) Address 753 Central Ave. K.C.K.

19. (a) Oct. 8, 1940 (Date received local registrar) (b) M. M. Orome (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 8. year 1940 hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from 7-21-40, 19..., to 10-8-40, 19...; that I last saw him alive on 10-8-40, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Arterial sclerotic heart disease	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Pulmonarly embolism & infarction	

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Robert M Myers M.D. (M. D. or other)

Address 1025 Rialto Bldg Date signed 10-8-40

(Licensed Embalmer's Statement on Reverse Side)

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 I X19511

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.....Russell Dennis

Licensed Embalmer No.....3462

P. O. Address.....K C K

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.