No. 2
11-10-39
-17-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37766

Registration District No. 399 — Primary Registration District No. 1002 — Registrar's No. 4364

FILED DEC 11 1940

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

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: Research Hospital (If not in hospital or institution, write street number or location) 1

(d) Length of stay: In hospital or institution 6 Days (Specify whether years, months or days) 40 Yrs.

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson

(c) City or town Kansas City (If outside city or town limits write "RURAL")

(d) Street No. 2214 Drury (If rural, give location) 0

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

3. (a) PRINT FULL NAME Grace D. Weidler England

3. (b) If veteran, name war No ✓

3. (c) Social Security No. No ✓

4. Sex Fe.

5. Color or race Wh.

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

6. (b) Name of husband or wife R. L. England

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased Aug. (Month) 7 (Day) 1900 (Year)

8. AGE: Years 40 | Months 3 | Days 7 | If less than one day ..... hr. ..... min.

9. Birthplace Kansas City (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation Home 1

11. Industry or business

FATHER
12. Name Sam. Weidler 9
13. Birthplace Unknown (City, town, or county) Ohio (State or foreign country) 1

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

16. (a) Informant R. L. England

(b) Address 2214 Drury

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. (Month) 18 (Day) 40 (Year)

(c) Place: burial or cremation Mt. Moriah

18. (a) Signature of funeral director Eylar Funeral Home

(b) Address 1800 Linwood Blvd. K.C.Mo.

19. (a) 11-16-40 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 14 day Nov year 1940 hour 6:15 P minute ..... M.

21. I hereby certify that I attended the deceased from Nov 10, 1940 to Nov 14, 1940; that I last saw her alive on Nov 14, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	5 da
Due to Hypertension	
Due to Arteriosclerosis - general	
Other conditions (Include pregnancy within 3 months of death): Nephritis, Ch. myocardial degeneration - Cardiac	
Major findings Of operation: Hyperthyroidy 131	
Of autopsy: Arteriosclerosis - general Head not opened -	

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 1

23. Signature D. S. Ernst (M. D. or other)

Address 4700 E 24th St Date signed 11/15/40

(Licensed Embalmer's Statement on Reverse Side)

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 Chas Wilps

Licensed Embalmer No. 2644

P. O. Address 1800 Pinwood

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.