

2
13-40
7-39
X23159

Registration District No. **969**

Primary Registration District No. **5877**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **Perry**
(b) City or town **Rural Union**
(If outside city or town limits, write "RURAL" and name of township)
(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 _____
(Specify whether _____)
In this community **4 Days**
years, months or days) _____

2. USUAL RESIDENCE OF DECEASED:

(a) State **Iowa** (b) County **Pottawattamie**
(c) City or town **Council Bluffs**
(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? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **6**
year **1940** hour **1** minute **15 A.M.**
21. I hereby certify that I attended the deceased from **December 4th**
19 **40** to **December 6th** 19 **40**
that I last saw him **alive** on **December 4th** 19 **40**
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of Stomach**
Duration **6 mos**

Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings:
Of operations _____
Of autopsy _____
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?
5 A B
While at work? _____ (Specify type of place) _____
(e) Means of injury _____
23. Signature **Theodore Fischer**
(M.D. or other) _____
Address **Altamont Mo.** Date signed _____

3. (a) PRINT FULL NAME **Adolph G. Weinhold**

3. (b) If veteran, name war _____ 3. (c) Social Security No. **408-09-2083**

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Dec. 4 1883**
(Month) (Day) (Year)

8. AGE: Years **57** Months **0** Days **1** If less than one day hr. _____ min. _____

9. Birthplace **Perry Co. Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Wheat Elevator, Operator**

11. Industry or business _____

12. Name **Paul Weinhold**

13. Birthplace **Germany**
(City, town, or county) (State or foreign country)

14. Maiden name **Louise Hermann**

15. Birthplace **Perry Co. Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Adolph Weinhold**

(b) Address **Chambers Ave HI.**

17. (a) **Burial** (b) Date thereof **Dec. 9 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Uniontown Mo.**

18. (a) Signature of funeral director **Young & Sons Perryville Mo.**
(b) Address _____

19. (a) **Dec. 8, 1940** (b) **Ben Haller**
(Date received local registrar) (Registrar's signature)

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.....

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, fact should be so stated above.