

FILED JAN 10 1941

Registration District No. 23

Primary Registration District No. 5032a

1. PLACE OF DEATH:  
(a) County Audrain  
(b) City or town Benton City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: None  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2  
In this community Since July 15, 1940  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County Audrain  
(c) City or town Benton City  
(If outside city or town limits, write "RURAL")  
(d) Street No. No number  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Amil Chas. Weston  
3. (b) If veteran, name war None 3. (c) Social Security No. None

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Dec. day 26  
year 1940 hour 9 minute 15 P.M.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M  
6. (b) Name of husband or wife Julia Weston 6. (c) Age of husband or wife if alive 52 years  
7. Birth date of deceased Sept. 22, 1885  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec. 11, 1940 to Dec. 24, 1940  
that I last saw him alive on Dec. 24, 1940  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
55 3 4 hr. min.

Immediate cause of death Chronic myocarditis & myocardial degeneration  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

9. Birthplace Amboy, Ill. (City, town, or county) Ill. (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) 92C

10. Usual occupation Laborer  
11. Industry or business Trucker

MOTHER FATHER { 12. Name Chas. Weston  
13. Birthplace Boston, Mass  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Clark  
15. Birthplace Canada  
(City, town, or county) (State or foreign country)

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

16. (a) Informant Mrs Julia Weston  
(b) Address Benton City, Mo.

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? \_\_\_\_\_

17. (a) Burial (b) Date thereof 12/28/40  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Mexico Catholic

23. Signature Karl E. Maseval MD (M. D. or other) 20  
While at work? (Specify type of place) (e) Means of injury \_\_\_\_\_

18. (a) Signature of funeral director Caro Amodeo  
(b) Address Mexico, Missouri  
19. (a) Dec. 25-1940 (b) Hura Hutchinson  
(Date received local registrar) (Registrar's signature)

Address Mexico, Mo Date signed 12/27/40

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

RECEIVED

District Health Officer No. 10

District File Number 1-41-57

Date Filed JAN 7 1941

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

*Wm. A. ...*

Licensed Embalmer No.

3569

P. O. Address

*Murphy, N.C.*

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

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