No. 2
-13-40
17-39
X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 25 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1566

Registration District No. 1 Primary Registration District No. 200 Registrar's No. 3

1. PLACE OF DEATH:
(a) County Adair
(b) City or town Gaston (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 years, months or days)
In this community 79 years

2. USUAL RESIDENCE OF DEACESED:
(a) State Missouri (b) County Adair
(c) City or town Gaston (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.

3. (a) PRINT FULL NAME Magnolia Florence Weber
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Michael Weber
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April (Month) 14 (Day) 1861 (Year)
8. AGE: Years 79 Months 8 Days 23 If less than one day hr. min.
9. Birthplace Missouri (City, town, or county) (State or foreign country)
10. Usual occupation House Keeper
11. Industry or business
FATHER 12. Name Harrison Faith Hayes
13. Birthplace (City, town, or county) Ind (State or foreign country)
MOTHER 14. Maiden name Rachael Jane Waddill
15. Birthplace (City, town, or county) Ky (State or foreign country)
16. (a) Informant Eva Weber
(b) Address Gaston Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 9 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Denver Temple
18. (a) Signature of funeral director W. H. McCollum
(b) Address Novinger Mo
19. (a) Jan 11 41 (Date received local registrar) (b) Spencer R. Meeman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 6 year 1941 hour 10 minute 35 A.M.
21. I hereby certify that I attended the deceased from Jan. 2, 1941, to Jan. 6, 1941, that I last saw her alive on Jan 6, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Bronchio-Pneumonia.
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
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 G. H. Buckley (M. D. or other) D
Address La Plata Mo. Date signed 1-8-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 7-41370
Date Filed FEB 19 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 W. H. McCollum

Licensed Embalmer No. 2057

P. O. Address South Gifford

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

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