

REGISTRATION DISTRICT NO. 190

Primary Registration District No. 4113

Registrar's No. ✓

1. PLACE OF DEATH:

(a) County Clark, Missouri
(b) City or town Rahaka
(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 _____ years, months or days

8. (a) PRINT FULL NAME Justice Clifford Weller

8. (b) If veteran, name war _____ 8. (c) Social Security No. 359-03-8717

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

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

7. Birth date of deceased Mar. 8 - 1889
(Month) (Day) (Year)

8. AGE: Years 51 Months 9 Days 29 If less than one day hr. _____ min. _____

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

10. Usual occupation Stockburger

11. Industry or business _____

MOTHER FATHER { 12. Name Fred Weller

13. Birthplace Ill. /
(City, town, or county) (State or foreign country)

14. Maiden name Laura M. Clark

15. Birthplace Ill. /
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Minnie Weller

(b) Address Rahaka Mo.

17. (a) Burial (b) Date thereof Jan 9 - 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Acacia Co.

18. (a) Signature of funeral director Walter Weller

(b) Address Rahaka Mo.

19. (a) 1-9-41 (b) J. W. Weller
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Clark
(c) City or town Rahaka
(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 Jan day 7 year 1941 hour 2 minute 0 P. M.

21. I hereby certify that I attended the deceased from Dec 30th 1940, to Jan 7 1941;

that I last saw him alive on Jan 7 1941; and that death occurred on the date and hour stated above.

Immediate cause of death arteriosclerosis Duration 2.5 hrs 7 mos

Due to Probably nephritis

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? _____

174 While at work? _____ (Specify type of place) (d) Means of injury _____

23. Signature J. W. Weller (M. D. or other) D

Address Rockport, Iowa Date signed 1-12-41

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

RECEIVED

District Health Officer No. 10

District File Number 2-41-333

Date Filed _____

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.....

Jan. 7-1941....., Registered Apprentice No.
working under my personal supervision.

Signed Oliver P. Lutterick

Licensed Embalmer No. 2965

P. O. Address Luray Mo.

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, above space should be left blank.

Registration District No. 196

Primary Registration District No. 4113

Registrar's No.

1. PLACE OF DEATH

(a) County. Clark
(b) City or town. Kahoka
(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
In this community. Four years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Justice Clifford Keller

3. (b) If veteran name war. (c) Social Security No.

4. Sex m 5. Color or race W 6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife. Minnie Waller 6. (c) Age of husband, or wife, if alive 30 year

7. Birth date of deceased March 4 1891 (Month) (Day) (Year)

8. AGE: Years 51 Months 9 Days 29 If less than one day hr. min.

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

10. Usual occupation. Farmer

11. Industry or business. Farmer

12. Name. William J. Keller

13. Birthplace. Waverly, Ill (City, town, or county) (State or foreign country)

14. Maiden name. Laura McClain

15. Birthplace. Waverly, Ill (City, town, or county) (State or foreign country)

16. (a) Informant. Fred Waller

(b) Address. 317 Sterling Lane

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof. 11-9-41 (Month) (Day) (Year)

(c) Place: burial or cremation. Acosta, Mo

18. (a) Signature of funeral director

(b) Address. Kahoka, Mo

19. (a) (Date received local registrar) (b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Clark
(c) City or town. Kahoka
(d) Street No.
(e) If foreign born, how long in U. S. A. years.

20. DATE OF DEATH

Month Jan day 7 year 1941 hour minute M.

21. I hereby certify that I attended the deceased from Dec 30, 1940 to Jan 7, 1941; that I last saw him alive on Jan 7, 1941; and that death occurred on the date and hour stated above. Immediate cause of death. Myocardial Infarction

Probable nephritis Chronic

Due to 1718

Other conditions. (Include pregnancy within 3 months of death)

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature J. W. Webb (M. D. or other)

Address Bonaparte, Mo Date signed

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

MOTHER FATHER

TEMPORARILY SUPPLEMENTED

