

No. 2
1-13-40
-17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

2576

FILED FEB 14 1941
318

State File No. _____

Registration District No. _____

Primary Registration District No. 2001

Registrar's No. 16

1. PLACE OF DEATH:
 (a) County GREENE
 (b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 11730 W. THOMAN
(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 _____

3. (a) PRINT FULL NAME CORA MAUD WEIHS.

3. (b) If veteran, name war None 3. (c) Social Security No. None

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

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

7. Birth date of deceased Jan 27 - 1871
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>69</u>	<u>11</u>	<u>9</u>	hr. _____ min. _____

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

10. Usual occupation House Wife

11. Industry or business In house

12. Name James M. Records

13. Birthplace Unknown Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Emmie Jarnsworth

15. Birthplace Unknown Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Ray J. Weihs

(b) Address Raymour Mo R #1

17. (a) Burial (b) Date thereof Jan 8-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn

18. (a) Signature of funeral director W. E. Handley

(b) Address Springfield Mo

19. (a) 1-8-41 (b) W. E. Handley Mo
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Greene 39
 (c) City or town Springfield 3
(If outside city or town limits, write "RURAL")
 (d) Street No. 1730 W. Thoman
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 6
year 1941 hour 2 minute 00 P. M.

21. I hereby certify that I attended the deceased from 12/31/40
1940 to 1/6 1941
that I last saw h. alive on 1/6 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Chr. Myocarditis
Duration 1 year

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? 9

(e) Means of injury _____
(Specify type of place)

23. Signature May Titus (M. D. or other) MD
Address Springfield Mo Date signed 1/2/41

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

9
2
6

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

J. B. King

Licensed Embalmer No.

3358

P. O. Address

Springfield, Mo.

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.