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X21492

STANDARD CERTIFICATE OF DEATH

State File No. 2731

JAN 25 1941

Registration District No. 363

Primary Registration District No. 5518

Registrar's No.

1. PLACE OF DEATH:

- (a) County Linn
- (b) City or town Quincy, Mo.
(If outside city or town limits, write "RURAL" and name of township)
- (c) Name of hospital or institution:
Linn State Hospital
(If not in hospital or institution, write street number or location)
- (d) Length of stay: In hospital or institution 11
(Specify whether: _____)

In this community
years, months or days

8. (a) PRINT FULL NAME Phoebe Evalina Weston

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex fm 5. Color or race wh 6. (a) Single, widowed, married, divorced widow

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

7. Birth date of deceased May 17 1867
(Month) (Day) (Year)

8. AGE: Years 73 Months 8 Days 2 If less than one day
hr. min.

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

10. Usual occupation Wife

11. Industry or business

12. Name Louis Roberts

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

14. Maiden name Mary Peet

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

16. (a) Informant Edgar Weston

(b) Address Sedalia Mo.

17. (a) burial (b) Date thereof 1/16/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Quincy

18. (a) Signature of funeral director J. R. Luckey

(b) Address Wheatland, Mo.

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

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo. (b) County Linn ⁴³
- (c) City or town Quincy Mo.
(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 14 P
year 1941 hour _____ minute 00 M.

21. I hereby certify that I attended the deceased from January 9th 1941 to January 14th 1941;

that I last saw her alive on Jan. 9 1941;

and that death occurred on the date and hour stated above.

Immediate cause of death Senility Duration _____

Due to Senile dementia 2 yrs

Due to _____

Other conditions 162

(Include pregnancy within 3 months of death)

Major findings: none

Of operations _____

Of autopsy not run.

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? 328

While at work? _____ (Specify type of place)

(e) Means of injury 2.

23. Signature Phoebe Weston (Name or other) Phoebe Weston
Address Wheatland, Mo. Date signed Jan 16 41

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

MOTHER FATHER

PHYSICIAN
Underline the cause to which death should be charged statistically.

7

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.P. Luckey*
.....

Licensed Embalmer No. *2982*

P. O. Address *Wheatland 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, above space should be left blank.

EMBLEM

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 2731

Registration District No. 363

Primary Registration District No. 5508

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Hickory
(b) City or town Montgomery
(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)

3. (a) PRINT FULL NAME Phoebe Eulene Winton

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

4. Sex 7 5. Color or race W 6. (a) Single, widowed, married, divorced wed

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

7. Birth date of deceased _____ (Month) (Day) (Year)

8. AGE: Years 73 Months 8 Days 2 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) March 28, 1971 (b) Mrs. Fern W. Leonard (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (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 14 year 1971 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death _____

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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 G. P. Easton (M. D. or other) _____

Address weaublean missouri signed _____

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

SUPPLEMENTARY

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

MOTHER FATHER

