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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2736

FILED FEB 17 1941

Registration District No. 369

Primary Registration District No. 4215

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Holt
(b) City or town Craig
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 1 month, 8 days
years, months or days)

3. (a) PRINT FULL NAME Cordelia Elizabeth Weber

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

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

6. (b) Name of husband or wife Albert G. Weber 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 8, 1853
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
87 10 21 hr. min.

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

10. Usual occupation At home

11. Industry or business _____

MOTHER FATHER { 12. Name Allen Wood
18. Birthplace Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Minerva J. Hill
15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. H. S. Teare
(b) Address Craig, Missouri

17. (a) Burial (b) Date thereof Jan. 30 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest City, Missouri

18. (a) Signature of funeral director J. A. Pittlysh

(b) Address Oregon, Missouri

19. (a) 1/29/41 (b) Walter Anderson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Holt
(c) City or town Forest City
(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 January day 29th
year 1941 hour 12 minute 45 A.M.

21. I hereby certify that I attended the deceased from Jan 15, 1941, to July 29, 1941, that I last saw her alive on July 28, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia
Duration 14 days

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? _____

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

23. Signature F. E. Hagan (M. D. or other) A
Address Mount City Date signed 1-29-41

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

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

James H. Pettigah

Licensed Embalmer No. *3192*

P. O. Address *Oregon 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.