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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FEB 17 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2820

Registration District No. 391 Primary Registration District No. 5546a Registrar's No. 3

1. PLACE OF DEATH:

(a) County Iron

(b) City or town Rural; Arcadia Twp

(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 life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Iron 47 0

(c) City or town Rural

(If outside city or town limits write "RURAL") 0

(d) Street No.

(If rural, give location) 0

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Peter Weiss

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex male

5. Color or race White

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Mattie Weiss

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased March (Month) 4 (Day) 1863 (Year)

8. AGE: Years	Months	Days	If less than one day
77	10	5	hr. min.

9. Birthplace Arcadia Mo. (City, town, or county) 0 (State or foreign country)

10. Usual occupation farmer

11. Industry or business

MOTHER FATHER

12. Name Peter Weiss

13. Birthplace Germany (City, town, or county) 4 (State or foreign country)

MOTHER

14. Maiden name Vina Elizabeth Frederick

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

16. (a) Informant Ernest Weiss

(b) Address Arcadia Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/12/41 (Month) (Day) (Year)

(c) Place: burial or cremation Arcadia Mo.

18. (a) Signature of funeral director Norman White & Son

(b) Address Ironton Mo.

19. (a) Jan 16-41 (Date received local registrar) (b) Julia A. Denton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 9 year 1940 hour minute M.

21. I hereby certify that I attended the deceased from Jan. 6th, 1941, to Jan. 9th, 1941; that I last saw him alive on Jan. 9th, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death acute Bronchio-Pneumonia	1/1/41
Due to acute naso Pharyngitis (Influenza)	12/15/40
Due to	
Other conditions (Include pregnancy within 3 months of death) chronic nephritis	?

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 R. E. Harland (M. D. or other) M. D.

Address Ironton, Mo. Date signed 1/14/41

(Licensed Embalmer's Statement on Reverse Side)

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

Lydia M. White, Registered Apprentice No. 277

working under my personal supervision.

Signed Conrad J. White

Licensed Embalmer No. 3012

P. O. Address Santa Fe

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.