S. No. 2
—11-10-39
5-17-39
P I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 17 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3640

Registration District No. 626 Primary Registration District No. ~~5828~~ 4371 Registrar's No.

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

74
0
0

1. PLACE OF DEATH:

(a) County Nodaway
(b) City or town Parnell (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 Two years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Nodaway 74
(c) City or town Parnell 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.? 0 years.

3. (a) PRINT FULL NAME Bertha Jane Weathermon
3. (b) If veteran, name war ✓
3. (c) Social Security No. no
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Grant Weathermon
6. (c) Age of husband or wife if alive 71 years
7. Birth date of deceased March (Month) 12 (Day) 1876 (Year)

8. AGE: Years 64 Months 8 Days 25 If less than one day hr. min.

9. Birthplace Amazonia (City, town, or county) Mo. (State or foreign country)
10. Usual occupation IN the Home 0
11. Industry or business ✓ 1
FATHER
12. Name Lewis G. Hinkle 1
13. Birthplace West Virginia (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Caroline Lewis
15. Birthplace West Virginia (City, town, or county) (State or foreign country)
16. (a) Informant Martha Clemmens
(b) Address Clearmont Mo.
17. (a) (Burial, cremation, or removal) (b) Date thereof Dec 10 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Guilford Mo
18. (a) Signature of funeral director C. C. Reynolds
(b) Address Guilford Mo
19. (a) 2-1-40 (Date received local registrar) (b) Wallace F. Kennedy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 7 year 1940 hour 8 minute P M.
21. I hereby certify that I attended the deceased from Dec 7, 1940, to Dec 7, 1940 that I last saw her alive on Dec 7, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Angina Pectoris	1 Day
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations none
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? 557 (Specify type of place)
While at work? ✓ (e) Means of injury ✓
23. Signature Egbert Crowson (M. D. or other) D
Address Parnell Mo Date signed 12-9-40

(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 [redacted]

....., Registered Apprentice No.....

working under my personal supervision.

Signed Laboy H. Phillip

Licensed Embalmer No. 1898

P. O. Address Starberry

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.