

FILED MAR 24 1941

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

7430  
Do not use this space.

1. PLACE OF DEATH

(a) County Lawrence Registration District No. ....  
(b) Township Hoberg Primary Registration District No. .... Registered No. ....  
(c) City Warren RFD or Street No. .... St. ....  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? 5 yrs. 5 mos. da.

2. PRINT FULL NAME

(a) Residence No. John Wesley Weiss St.  (If nonresident, give city or town and State)  
Hoberg mo (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

|  |                                  |  |
|--|----------------------------------|--|
| 3. SEX<br><u>Male</u>  | 4. COLOR OR RACE<br><u>White</u> | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)<br><u>Married</u> |
| 5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF <u>Mr. Emma Weiss</u> WIFE OF                     |                                  |  |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar 20 - 1877</u>                                     |                                  |  |
| 7. AGE YEARS<br><u>62</u>  | MONTHS<br><u>10</u>              | DAYS<br><u>1</u>   |
| 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Farmer</u> |                                  |  |
| 9. Industry or business in which work was done, as saw mill, bank, etc. <u>X</u>                 |                                  |  |
| 10. Date deceased last worked at this occupation (month and year) <u>10 days ago</u>             |                                  | 11. Total time (years) spent in this occupation                            |
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Moclair Co. Ill</u>                          |                                  |  |
| 13. NAME <u>John Weiss</u>   |                                  |  |
| 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>                                  |                                  |  |
| 15. MAIDEN NAME <u>Kathryn Hardy</u>   |                                  |  |
| 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois Moclair Co.</u>                     |                                  |  |
| 17. INFORMANT (ADDRESS) <u>Mr. Wesley Weiss Warren mo</u>  |                                  |  |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>May 23 1940 at Maple Grove</u> DATE                   |                                  |  |
| 19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Geo. B. Orr Warren mo</u>                               |                                  |  |
| 20. FILED <u>19</u> <u>Compton</u> Local Registrar.  |                                  |  |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 21, 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan. 17, 1940 to Jan 21, 1940  
I last saw him alive on Jan 20, 1940. Death is said to have occurred on the date stated above, at 3:35 p.m.  
The principal cause of death and related causes of importance were as follows:  
Pulmonary tuberculosis  
Date of onset unknown

Other contributory causes of importance:  
Influenza about 1-15-40

Name of operation none Date of .....

What test confirmed diagnosis? clinical Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ..... Date of injury ....., 19.....  
Where did injury occur? ..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify .....

(Signed) P. A. Halmer M. D.  
(Address) Warren mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**