

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

15966

State File No. 15966

Registration District No. 798 Primary Registration District No. 6042 Registrar's No.

1. PLACE OF DEATH: Saline
(a) County: Saline
(b) City or town: Marshall, Blue Lick, Mo.
(c) Name of hospital or institution: Blue Lick, R. I (Marshall Jct)
(d) Length of stay: In hospital or institution X
In this community X years, months or days

12. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Stephenson
(c) City or town: Hickwood, Mo
(d) Street No: 116 North Taylor
(e) If foreign born, how long in U. S. A. 1 years

3. (a) PRINT FULL NAME: George F. Weston
3. (b) If veteran, X name war
3. (c) Social Security No. A

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 13 year 1941 hour 5 minute 5 M.

4. Sex: Male 0 5. Color or race: white
6. (a) Single, widowed, married, divorced, married

21. I hereby certify that I attended the deceased from Held in great April 1941, to 19; that I last saw him alive on 19 and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife: EMILY LOGAN
6. (c) Age of husband or wife if alive: 37 years
7. Birth date of deceased: 1908 (Month) (Day) (Year)

Immediate cause of death: Crushed skull.
Due to: Automobile ~~accident~~ collision
Due to:
Other conditions:
Major findings:
Of operations:
Of autopsy: No

8. AGE: Years 43 Months Days If less than one day hr. min.

9. Birthplace: Kansas City, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation: Lawyer

11. Industry or business: Insurance lawyer

12. Name: George Weston

18. Birthplace: Unknown England (City, town, or county) (State or foreign country)

14. Maiden name: UNKNOWN
15. Birthplace: Germany (City, town, or county) (State or foreign country)

16. (a) Informant: J. G. Miller
(b) Address: 5414 Park KC MO

17. (a) Burial (b) Date thereof: April 16, 1941 (Month) (Day) (Year)

(c) Place, burial or cremation: City, Mo. 710

18. (a) Signature of funeral director: J. G. Miller
(b) Address: 744-1941

19. (a) Received local registrar: May 5 1949 (b) Registrar's signature: O. R. Christy

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify): Automobile collision
(b) Date of occurrence: April 13, 1941
(c) Where did injury occur?: Main Hall Junction (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Junction of U.S. 7 & 65
While at work? no (Specify type of place) (e) Means of injury: Car
23. Signature: J. Paulsen Croner (M. D. or other)
Address: Main Hall Date signed: 4-30-41

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

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

77000

17906
AUG 4 1941

AUG 3 1941

17906

997

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 *[Signature]*
Licensed Embalmer No. 3235

P. O. Address Marshall

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: W.D.

MISSOURI STATE BOARD OF HEALTH
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State File No. 15966

Registration District No. 798

Primary Registration District No. 6042

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County Saline

(b) City or town Blackwater
(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 Geo. J. Weston

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

4. Sex M 5. Color or race W

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

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

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

8. AGE: Years 43 Months _____ Days _____ If less than one day hr. min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace (City, town, or country) (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) _____ (b) _____ (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) Citizen of foreign country _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH Month Apr day 13 year 1941 hour _____ minute _____ M.

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

Immediate cause of death Crushed Skull

Due to Automobile Collision with another Car

Due to at junction of 65 & 40 High way

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

Major findings: _____

Of operations _____

Of autopsy no

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) Auto Collision

(b) Date of occurrence Apr 13 - 1941

(c) Where did injury occur Marshall Junction (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 Saline Co

23. Signature P. L. Rawlins Coroner (M. D. or other)

Address Mass Ball Date signed 7-1-41

SUPPLEMENTARY

AUG 4 1949

AUG 5 1949

S-15966