V. S. No. 2
M—11-10-39
ev. 5-17-39
I X21492

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

FILED JUN 13 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17507

Registration District No. 133 Primary Registration District No. 3217 Registrar's No. 5

1. PLACE OF DEATH:
(a) County: Cass
(b) ~~City or town~~ "Rural" Dodan 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 56 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Cass 18
(c) City or town: "Rural" Dodan Twp. 0
(If outside city or town limits, write "RURAL")
(d) Street No. ____ (If rural, give location) 0
(e) If foreign born, how long in U. S. A.? ____ years

3. (a) PRINT FULL NAME: Zaidee T. Weathers
3. (b) If veteran, name war: ✓ 3. (c) Social Security No.: ✓
4. Sex: Female
5. Color or race: W
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Zachary Weathers
6. (c) Age of husband or wife if alive: Deceased years
7. Birth date of deceased: June (Month) 17 (Day) 1859 (Year)

8. AGE: Years 81 Months 10 Days 20 If less than one day ____ hr. ____ min.

9. Birthplace: Flondarcleville, Virginia (City, town, or county) (State or foreign country)
10. Usual occupation: Homemaker
11. Industry or business: Home
FATHER 12. Name: James Wm McMullen
13. Birthplace: Virginia (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Mary Elizabeth Jerrold
15. Birthplace: Virginia (City, town, or county) (State or foreign country)
16. (a) Informant: Mark Weathers
(b) Address: R7. D Peculiar, Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof: May 10 1941 (Month) (Day) (Year)
(c) Place: burial or cremation: Freeman Mo.
18. (a) Signature of funeral director: RUNNENBURGER'S
(b) Address: HARRISONVILLE, MO.
19. (a) May-9-1941 (Date received local registrar) (b) Mrs. Pearl Suddarth (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7 year 1941 hour 04 minute 50 P M.
21. I hereby certify that I attended the deceased from May 4, 1941, to May 7, 1941; that I last saw her alive on May 7, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Myocarditis	2
Due to: Edema Lungs	4 days
Due to: Sepsis	1 week
Other conditions (Include pregnancy within 3 months of death)	

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

23. Signature: Martin V. Robbins (M. D. ~~or other~~)
Address: Peculiar, Mo Date signed 5/8/41

(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 _____, Registered Apprentice No. _____, working under my personal supervision.

Signed Ernest B Bunnenburger

Licensed Embalmer No. 3368

P. O. Address Harrisonville 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.