

FILED JUL 19 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

22417

State File No. _____

Registration District No. 684

Primary Registration District No. 4408

Registrar's No. 18

1. PLACE OF DEATH:

(a) County Pike
 (b) City or town Bowling Green
 (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 John Henry Weatherford

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased MAR 3 1950
 (Month) (Day) (Year)

8. AGE: Years 76 Months 3 Days 25 If less than one day _____ hr. _____ min.

9. Birthplace Pike Co Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation Merchant

11. Industry or business _____

MOTHER FATHER

12. Name Joel Madison Weatherford

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

14. Maiden name Mary B Stanger

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

16. (a) Informant's own signature Norman Wheeler

(b) Address Curryville, Mo

17. (a) Burial (b) Date thereof 6-27-41
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bowling Green

18. (a) Signature of funeral director Walter Bantel

(b) Address Bowling Green MO

19. (a) 6-30-1941 (b) W. Summer
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pike
 (c) City or town Bowling Green
 (If outside city or town limits, write "RURAL")
 (d) Street No. West Main (If rural, give location)
 (e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 28
 year 1941 hour _____ minute _____ M.

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

Immediate cause of death Suicide Duration _____

By Gun Wound

Due to _____

Due to _____

Other conditions 164
 (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) Suicide

(b) Date of occurrence 6-28-41

(c) Where did injury occur? Bowling Green MO
 (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home

While at work _____ (Specify type of place) (a) Means of injury _____

23. Signature M. Smith

Address Louisiana Date _____

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

RECEIVED

District Health Officer No. 10

District File Number 7-41-1351

Date Filed III 16 1941

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 Grace Banfield

Licensed Embalmer No. 2704

P. O. Address Bowling Green

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.