

FILLED OCT 6 1941

Registration District No. 859

Primary Registration District No. 6129

Registrar's No. 99

1. PLACE OF DEATH

(a) County: Janey
(b) City or town: Braunson
(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.
In this community: years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Janey
(c) City or town: Braunson
(d) Street No.
(e) Citizen of foreign country? (Yes or No)

3. (a) PRINT FULL NAME

Wissis H. Weatherman

MEDICAL CERTIFICATION

3. (b) If veteran, name war. Social Sec. 3. (c) Social Security No. 106-376

20. DATE OF DEATH: Month Sept, day 13th, year 1941 hour 8 minute 39 P.M.

4. Sex: male 5. Color or race: white 6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: Mary Weiland 6. (c) Age of husband wife if alive: 71 years
7. Birth date of deceased: Feb. 9th 1868

21. I hereby certify that I attended the deceased from Sept 13 1941 to Sept 13 1941

that I last saw him alive on Sept 13 1941 and that death occurred on the date and hour stated above.

Immediate cause of death: Valvular Heart Disease Duration
Cardiac Insufficiency

8. AGE: Years 73 Months 7 Days 4 If less than one day hr. min.

Due to: Unknown

9. Birthplace: Janey Co. Mo

Due to: 2

10. Usual occupation: Blacksmith

Other conditions: 932

11. Industry or business:

12. Name: Samuel J Weatherman

Major findings: —

13. Birthplace: Ala.

Of operations: —

14. Maiden name: Livisa Jones

Of autopsy: None

15. Birthplace: Ala.

16. (a) Informant: Mrs U. G. Weatherman

22. If death was due to external causes, fill in the following:

(b) Address: Braunson Mo

(a) Accident, suicide, or homicide (specify): —

17. (a) Walnut Shade (b) Date thereof: 9-15-41

(b) Date of occurrence: —

(c) Place: burial or cremation: Walnut Shade

(c) Where did injury occur?: —

18. (a) Signature of funeral director: Pa Thornhill

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

(b) Address: Braunson Mo

23. Signature: Gay B. McKeely MD

19. (a) 9-13-41 (b) John F. Baxter

Address: Braunson Mo Date signed: 9/13/1941

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

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RECEIVED

District Health Officer No. 6,

District File Number 1041-1526

Date Filed OCT 2 1944

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.....

P. Thornhill

Licensed Embalmer No. 2641

P. O. Address Branson 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, fact should be so stated above.