No. 2
4-13-40
3-17-39
I X23150

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

37417

State File No. 4212

DEC 22 1941

Registration District No. 399 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: K.C.General Hospital No.1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Mo. & 13 days (Specify whether years, months or days)
In this community 12 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. Lee House, 7th & Main St. (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME JOHN WEYLAND
3. (b) If veteran, name war Unk
3. (c) Social Security No. Unk
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Unknown
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased Aug. 21st 1869 (Month) (Day) (Year)
8. AGE: Years 72 Months 2 Days 15 If less than one day hr. min.
9. Birthplace Luxemburg (City, town, or county) 4 (State or foreign country)
10. Usual occupation None listed
11. Industry or business
FATHER 12. Name Henry Weyland
13. Birthplace Luxemburg (City, town, or county) 4 (State or foreign country)
MOTHER 14. Maiden name Margaret Mejerus
15. Birthplace Luxemburg (City, town, or county) 4 (State or foreign country)
16. (a) Informant Record Clerk
(b) Address K.C.General Hospital, K.C.Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11 13 41 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary
18. (a) Signature of funeral director Weilert Funeral Home
(b) Address 2332 Monitor Place; K.C.Mo.
19. (a) 11-12-41 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 6th year 1941 hour 10 minute 55 P. M.
21. I hereby certify that I attended the deceased from 9-24-41, 19..., to 11-6-41, 19...; that I last saw him alive on 11-6-41, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Biliary obstruction with bile peritonitis — Duration
Due to Carcinoma of bile duct
Due to 467
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy See above

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

23. Signature Henry R. Thom (M. D. or other)
Address Med.Dir. K.C.Gen.Hosp. Date signed 11-7-41

(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 Blaine E. Weeler

Licensed Embalmer No. 4075

P. O. Address 2332 Monitor St

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

– If this body is not embalmed, fact should be so stated above.