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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 29 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

37870

State File No.

Registration District No. 85 Primary Registration District No. 1001 Registrar's No. 1117

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

1. PLACE OF DEATH:
(a) County BUCHANAN
(b) City or town ST. JOSEPH Cedar
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: STATE HOSPITAL No. 2 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 days (Specify whether
In this community 8 days years, months or days)

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

3. (a) PRINT FULL NAME Zula Weiche

3. (b) If veteran, name war ✓ 3. (c) Social Security No. None

4. Sex F 1 5. Color or race W 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased Mch 3 (Month) 3 (Day) 1906 (Year)

8. AGE: Years 35 Months 8 Days 17 If less than one day hr. min.

9. Birthplace ? Kansas 1 (City, town or county) (State or foreign country)

10. Usual occupation Telephone Operator

11. Industry or business

FATHER
12. Name Florian Weiche
13. Birthplace Kansas 1 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Jessie Reund
15. Birthplace Kansas 1 (City, town or county) (State or foreign country)

16. (a) Informant Mrs Jesse Jerose
(b) Address Minneapolis Minn

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 22 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Ashland

18. (a) Signature of funeral director Fleeman & Son Inc
(b) Address St Joseph Mo.

19. (a) Nov 21-1941 (Date received local registrar) (b) A J Nettlebush (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 20 year 1941 hour 1 minute 25 P.M.

21. I hereby certify that I attended the deceased from Nov. 18 1941, to Nov 20 1941 that I last saw her alive on Nov. 20 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the ascending Colon

Due to ✓

Due to ✓

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

Major findings:
Of operations —
Of autopsy —

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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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 T. A. Carmichael M.D. (M.D. or other)
Address St Joseph Mo Date signed 11/21/41

(Licensed Embalmer's Statement on Reverse Side)

NOV 29 1941

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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 Nov. 20 1941, Registered Apprentice No. working under my personal supervision.

Signed John H. Hurley

Licensed Embalmer No. 4050

P. O. Address St Joseph Mo.

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

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