

No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

41209
State File No. _____
Registrar's No. 4890

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

Registration District No. 399
Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson,
(b) City or town Kansas City,
(c) Name of hospital or institution Menorah Hospital,
(d) Length of stay: In hospital or institution 9 days,
In this community 30 years, 0
years, months or days

3. (a) PRINT FULL NAME William H. Weeks,
3. (b) If veteran, name war No. _____
3. (c) Social Security No. 719-18-8185

4. Sex Male
5. Color or race white
6. (a) Single, widowed, divorced, Married,
6. (b) Name of husband or wife Louise Weeks,
6. (c) Age of husband or wife if alive 1 years
7. Birth date of deceased March 1 1871
(Month) (Day) (Year)

8. AGE: Years 70 Months 9 Days 29
If less than one day hr. min.

9. Birthplace Michigan,
(City, town, or county) (State or foreign country)
Retired,

10. Usual occupation Livestock,

11. Industry or business
12. Name Joseph H. Weeks,
13. Birthplace Unknown, 9
(City, town, or county) (State or foreign country)
14. Maiden name Louise Pitts,
15. Birthplace Texas, 1
(City, town, or county) (State or foreign country)

16. (a) Informant W. Henry Weeks,
(b) Address R. F. D. #1, Smithville, Mo.

17. (a) Burial, (b) Date thereof 12-31-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill Cemetery,

18. (a) Signature of funeral director Stine & McClure,
(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) Dec. 31 1941 (b) M. H. Crowe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri, (b) County Clay, 024
(c) City or town Smithville, 0
(d) Street No. R. R. D. #1,
(If rural, give location)
(e) If foreign born, how long in U. S. A. x 1 years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month December 30th,
1941 year 4:35 day minute A. M.
21. I hereby certify that I attended the deceased from Oct 10
1941, to Dec 30 1941;
that I last saw him alive on Dec 30 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death
Myocardial degeneration 3 mos.
Terminal pneumonia 2 wks.
Due to Atherosclerosis 2 wks.

Due to _____
Other conditions 93h
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy as above

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 A. Williams, M.D. or other) _____
Address 420 Prof Bldg Date signed Dec 31-41

BBB 66 INC.

413235
Memorial Hospital

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 Felix Resig

Licensed Embalmer No. 4127

P. O. Address K.C. 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.