V. S. No. 2
OM—9-4-41
Rev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 11 1942

Registration District No. 399

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 1482

Registrar's No. 414

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:
721 W. 44th St. Terrace 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 37 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 721 W. 44th St. Terrace
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Henry E. Weymouth

3. (b) If veteran, name war No

3. (c) Social Security No. 494-12-8281

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Eva Weymouth

6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased March (Month) 20 (Day) 1898 (Year)

8. AGE: Years 43 | Months 10 | Days 8 | If less than one day ..... hr. ..... min.

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

10. Usual occupation Salesman

11. Industry or business Borden Co.

FATHER
12. Name Ben Weymouth
13. Birthplace ..... (City, town, or county) 4 Scotland (State or foreign country)

MOTHER
14. Maiden name Elizabeth Steel
15. Birthplace ..... (City, town, or county) 4 Scotland (State or foreign country)

16. (a) Informant Mrs. Eva Weymouth
(b) Address 721 W. 44th Terrace

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-30-1942 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Moriah Cemetery

18. (a) Signature of funeral director Freeman Mortuary
(b) Address Kansas City, Mo.

19. (a) 1/29/42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1-28-42
year ..... hour ..... minute 8A 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 ..... Duration

Due to Acute Pulmonary Congestion & Hemorrhage

Due to Coronary Occlusion of Left Coronary Branch

Other conditions 94a
(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) .....
(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 [signature] (M. D. or other) .....
Address [signature] Date signed .....

(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 Clarence W Chiles

Licensed Embalmer No. 3473

P. O. Address 56 c 7760

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.