. No. 2
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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

FILED MAR 13 1942

State File No. 6724

Registration District No. 318 Primary Registration District No. 2001 Registrar's No. 125

1. PLACE OF DEATH:

(a) County GREENE

(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Burge Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39

(c) City or town Springfield, 2
(If outside city or town limits, write "RURAL")

(d) Street No. 1414 Maryland 6
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME James H. Weed

3. (b) If veteran, name war Unknown

3. (c) Social Security No. Unknown

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mrs. Emma Weed

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

7. Birth date of deceased August (Month) 18, (Day) 1871 (Year)

8. AGE: Years 70 Months 5 Days 25 If less than one day hr. min.

9. Birthplace Jewell County, (City, town, or county) Kansas (State or foreign country)

10. Usual occupation Retired Road Master

11. Industry or business Frisco Railway Company

FATHER
12. Name James William Weed
13. Birthplace Unknown (City, town, or county) New York (State or foreign country)

MOTHER
14. Maiden name Rachael Roberts
15. Birthplace Unknown (City, town, or county) Penna. (State or foreign country)

16. (a) Informant Mrs. Emma Weed

(b) Address Springfield, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/ 15 /42 (Month) (Day) (Year)

(c) Place: burial or cremation ~~Green~~ East lawn Cemetery

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home

(b) Address Springfield, Missouri

19. (a) 2-14-42 (Date received local registrar) (b) Dr W E Hardey (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 13 year 1942 hour 10 minute A.M.

21. I hereby certify that I attended the deceased from Jan 2, 1942, to, 1942; that I last saw him alive on Feb 13, 1942; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Myocarditis with Edema	
Due to: Chronic Hypertension	
Due to: Arteriosclerosis Chronic Nephritis	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

131 b

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 Newton Wakeman (M. D. or other)

Address Springfield, Mo. Date signed 2-16-42

984 (Licensed Embalmer's Statement on Reverse Side)

JAN 20 1947

JUL 20 1942

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 Wayne Hinkle

Licensed Embalmer No. 3449

P. O. Address Springfield Ohio

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.