. No. 2
—1-4-41
5-17-39
I X26390

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

State File No. 10358

FILED APR 15 1942

Registration District No. 83

Primary Registration District No. 1001

Registrar's No. 326

1. PLACE OF DEATH:

(a) County Buchannan

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

(c) Name of hospital or institution:
St Joseph's Hospital 0
(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 Kansas (b) County Doniphan 999

(c) City or town Rural 14
(If outside city or town limits, write "RURAL") 0

(d) Street No. 7 miles N.W. Wathena
(If rural, give location)

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

If yes, name country 2

3. (a) PRINT FULL NAME George Dewey Weythman

3. (b) If veteran, name war No

3. (c) Social Security No. none

4. Sex M 0

5. Color or race white

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

6. (b) Name of husband or wife Eyhel Weythman

6. (c) Age of husband or wife if alive 36 years

7. Birth date of deceased Aug. 13, 1899
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
42	7	12	hr. min.

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

10. Usual occupation Farmer

11. Industry or business General farming

FATHER
12. Name Siegel Weythman
13. Birthplace Wathena, Kansas 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Emma Roth
15. Birthplace Buchannan County Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Emma Weythman Robertson

(b) Address Wathena Kansas

17. (a) removal (Burial, cremation, or removal) (b) Date thereof 3-25-42 (Month) (Day) (Year)

(c) Place: burial or cremation Wathena, Kansas

18. (a) Signature of funeral director N. Dodds

(b) Address Wathena Kansas.

19. (a) March 26-42 (Date received local registrar) (b) H. J. Mestlebush (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mch day 25
year 1942 hour 3 minute 25 P.M.

21. I hereby certify that I attended the deceased from 3-17-42, 19__, to 3-25-, 1942
that I last saw him alive on 3-25, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Rupture of liver	8 days
" " Kidney	"
Shock	"
Due to Kick by horse	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

188-8
96

Major findings:
Of operations Ruptured Kidney
Of autopsy Ruptured liver

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) accident

(b) Date of occurrence 3-17-42. 136

(c) Where did injury occur? Wathena Doniphan Kansas.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
on Farm
(Specify type of place)

While at work? yes (e) Means of injury Horse Kick

23. Signature Paul Forgrave (M. D. or other)

Address St Joseph, Mo Date signed 3-25-42

(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. Mo. 3025,

working under my personal supervision.

Signed A. L. Dodds

Licensed Embalmer No. Mo 3023

P. O. Address Wathena Kans.

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.