S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10974

FILED APR 3 1942

Registration District No. 404 Primary Registration District No. 5558 Registrar's No. 18

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

048 3 8

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas-City Wards-Rise 4 (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 9000 Euclid Avenue (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ------ 1 (Specify whether

In this community 1 Month years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 048

(c) City or town Kansas City 3 (If outside city or town limits, write "RURAL") 8

(d) Street No. 9000 Euclid Avenue (If rural, give location)

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

If yes, name country ------

3. (a) PRINT FULL NAME Barbara Frances Weber

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife ------

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

7. Birth date of deceased February (Month) 1 (Day) 1942 (Year)

8. AGE: Years | Months 1 | Days 19 | If less than one day ___ hr. ___ min.

9. Birthplace Kansas City (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Infant

11. Industry or business ------

FATHER
12. Name William H. Weber
13. Birthplace Delta (City, town, or county) Colorado 1 (State or foreign country)

MOTHER
14. Maiden name Mary Andreas
15. Birthplace Kansas City (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Mr. William H. Weber

(b) Address 9000 Euclid Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 21, 1942 (Month) (Day) (Year)

(c) Place: burial ~~or cremation~~ Green Lawn Cemetery

18. (a) Signature of funeral director O. H. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 3/23/42 (Date received local registrar) (b) R. V. Lindsey & Sons By Ronald H. Keller (Registrar's signature)

Dr. Annie G. Hedges

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 20th year 1942 hour 5 minute 40 A. M.

21. I hereby certify that I attended the deceased from March 19, 1942 to March 20, 1942 that I last saw her alive on March 20, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death multiple convulsions	
Due to Hemolytic pneumonia	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 86
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 Rebecca Gross (M. D. or other) D.O.

Address 609 Kansas Blvd. Date signed 3-20-42

(Licensed Embalmer's Statement on Reverse Side)

609 West 31st Street
3-6

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 H. C. Newcomer Jr

Licensed Embalmer No. 4043

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.