

S. No. 7
-1-4-41
5-17-39
PI X26330

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 6 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 12303
Registrar's No. 78

Registration District No. 875

Primary Registration District No. 3039

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Nevada City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Nevada City Hosp. I
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 da (Specify whether
In this community 41 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Vernon
(c) City or town Nevada
(If outside city or town limits, write "RURAL")
(d) Street No. 1020 W. Walnut
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Willie Belle Weber

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

(b) Name of husband or wife George W. Weber 6. (c) Age of husband or wife if deceased deceased

7. Birth date of deceased Dec 21, 1872
(Month) (Day) (Year)

8. AGE: Years 69 Months 2 Days 28 If less than one day hr. min.

9. Birthplace Wycliffe Ky
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

MOTHER FATHER { 12. Name William Cull 7

13. Birthplace _____ (City, town, or county) (State or foreign country)

14. Maiden name unknown 9

15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Fred Harris
(b) Address Nevada, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/20/42
(Month) (Day) (Year)

(c) Place: burial or cremation Worse Cemetery

18. (a) Signature of funeral director Ferry Funeral Home
(b) Address Nevada, Mo
19. (a) March 28, 1942 (Date received local registrar) (b) Elizabeth Beckwith (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19, year 1942 hour 4:45 minute _____ M.

21. I hereby certify that I attended the deceased from March 18, 1942 to March 19, 1942 that I last saw her alive on March 19 and that death occurred on the date and hour stated above.

Immediate cause of death acute R. lower, lobar pneumonia Duration 1 1/2 da

Due to _____ 100

Due to _____

Other conditions hypertensive (Include pregnancy within months of death)
Major findings: congestive
Of operations none

Of autopsy none

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 D
23. Signature W. B. ... (M. D. or other)
Address Nevada, Mo Date signed 3-20-42

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

APR 6 1942

RECEIVED

District Health Officer No. 7,

District File Number 4-42-274

Date Filed 4-3-42

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 Lloyd R. Winsett

Licensed Embalmer No. 8857

P. O. Address Nevada, 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.