V. S. No. 2
M—11-10-39
ev. 5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 14 1942

Registration District No. 39

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

13594

State File No.

Registrar's No. 1713

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:
2711 Holmes St 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 55 Yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

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

(d) Street No. 2711 Holmes St 8
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 55 years.

3. (a) PRINT FULL NAME MRS. AGATHA WEBER

3. (b) If veteran, name war No

3. (c) Social Security No. NO

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Anton Weber

6. (c) Age of husband or wife if alive 85 years

7. Birth date of deceased Oct (Month) 4 (Day) 1860 (Year)

8. AGE:

Years	Months	Days	If less than one day
81	6	26	hr. min.

9. Birthplace Roswaugen (City, town, or county) Germany 4 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Sebastian Merz
13. Birthplace Germany (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name Leopoldina Effinger
15. Birthplace Germany (City, town, or county) 4 (State or foreign country)

16. (a) Informant Carl Weber

(b) Address 2711 Holmes

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

(c) Place: burial or cremation St Mary Cemetery

18. (a) Signature of funeral director C A Kleisen

(b) Address 2512 Holmes

19. (a) 5-1-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30
year 1942 hour one minute 4 M.

21. I hereby certify that I attended the deceased from June 11th, 1941 to April 30", 1942
that I last saw her alive on April 30", 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Diabetes mellitus	12 years
Senile arteriosclerosis	
Due to	
61	
Due to	
Other conditions (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 Samuel Voegelin (M. D. or other) M. D.
Address Vineyard Park Hospital Date signed 5/1-42

361 (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 P. G. Thiessen

Licensed Embalmer No. 2361

P. O. Address 2512 Helmut

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, above space should be left blank.