DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32

Registration District No. FILED MAY 20 1942

Primary Registration District No. 1

Registrar's No. 140

1. PLACE OF DEATH:

(a) County: Adair

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

(c) Name of hospital or institution: 216 N Lincoln (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ In this community 34 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DEACESED:

(a) State: Mo. (b) County: Adair

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

(d) Street No.: 216 N. Lincoln (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME: Hamilton Grant Weeter

3. (b) If veteran, name war: ____ 3. (c) Social Security No.: ____

4. Sex: Male 0

5. Color or race: White

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

6. (b) Name of husband or wife: ____ 6. (c) Age of husband or wife if alive: ____ years

7. Birth date of deceased: March (Month) 5 (Day) 1868 (Year)

8. AGE: Years 74 Months 2 Days 2 If less than one day ____ hr. ____ min.

9. Birthplace: Clarion County (City, town, or county) / Pa. (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business: Agriculture

MOTHER FATHER

12. Name: George Weeter

13. Birthplace: Clarion County (City, town, or county) / Pa. (State or foreign country)

14. Maiden name: Sarah Lobough

15. Birthplace: Clarion County (City, town, or county) / Pa (State or foreign country)

16. (a) Informant's own signature: W. J. McDonell

(b) Address: 8125 S. Morgan Chicago, Ill

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/9/42 (Month) (Day) (Year)

(c) Place: burial or cremation: Llewelyn Cemt.

18. (a) Signature of funeral director: Beaver Funeral Home

(b) Address: Kirksville, Mo.

19. (a) 5/9/42 (Date received local registrar) (b) Mrs. J. L. Wagner (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7 year 1942 hour 2 minute 10 A. M.

21. I hereby certify that I attended the deceased from April 5, 1942, to May 7, 1942; that I last saw him alive on May 7, 1942; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hypostatic pneumonia (Bronchial in type)	5 days
Due to: Chronic Myocarditis	years
Due to: Bronchiectasis	
Other conditions: Rheumatoid arthritis (Include pregnancy within 3 months of death)	

Major findings: 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

23. Signature: M. T. Hutcroohn (M.D. or other) D.O

Address: Kirksville, Mo. Date signed May 7 1942

(Licensed Embalmer's Statement on Reverse Side)

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Rev. 5-17-39 50M-5-17-39 I X19511

RECEIVED
District Health Officer No. 10
District File Number 5-42-1140
Date Filed MAY 19 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 Keith Collier

Licensed Embalmer No. 3632

P. O. Address Fulbrook 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, above space should be left blank.