

FILED MAY 14 1942

Registration District No. 480

Primary Registration District No. 4272

Registrar's No. 22

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

1. PLACE OF DEATH:

(a) County Lafayette
(b) City or town Corder Mo. 3 mi
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT Cathrine (Tieman) Weber
FULL NAME

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

4. Sex F 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife August Weber 6. (c) Age of husband or wife if alive 80 years
7. Birth date of deceased May-27-1865
(Month) (Day) (Year)

8. AGE: Years 76 Months 11 Days 3 If less than one day
hr. _____ min. _____

9. Birthplace Meridosia Ill
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business _____

12. Name Ugator Tieman

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

14. Maiden name Margt. Elizabeth
(City, town, or county) (State or foreign country)

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

16. (a) Informant Bro. Fred Limbeck

(b) Address Corder Mo.

17. (a) Burial (b) Date thereof 5-5-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Blackbury Mo.

18. (a) Signature of funeral director Alfred H. Higgins

(b) Address Higginsville. MO.

19. (a) May 4-1942 (b) Dr. W.A. Braecklein
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April-30-1942 day _____
year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from April 24th
1942 to April 30 1942
that I last saw her alive on April 30th 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Hypostasis
Due to Chronic Myocardial Degeneration
Due to _____

Other conditions Influenza
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy no
330

Duration

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?

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature G. W. Keyser (M. D. or other) M.D.
Address Corder Mo. Date signed 5-3-42

RECEIVED

District Health Officer No. 8,

Coroner File Number

Date Filed 5-13-42

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.

*Assisted by
F Temple*

Signed

August H. Walker

Licensed Embalmer No. 5139

P. O. Address Higginell 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.