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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 18634

FILED JUN 18 1942

Registration District No. 822 Primary Registration District No. 5824 Registrar's No.

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

1. PLACE OF DEATH:
(a) County Nodaway
(b) City or town Graham 1½ S. W. 1:50
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution No (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Holt 44 0 0
(c) City or town Maitland
(If outside city or town limits, write "RURAL")
(d) Street No. Rural N.W. 1
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Mark Anthony Weller
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex MO
5. Color or race W
6. (a) Single, widowed, married, divorced S
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Dec (Month) 12 (Day) 1929 (Year)

8. AGE: Years 12 Months 5 Days 18 If less than one day hr. min.

9. Birthplace Maitland (City, town, or county) O Missouri (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name Mark Weller
13. Birthplace (City, town, or county) O Missouri (State or foreign country)
14. Maiden name Beulah Lockhart
15. Birthplace (City, town, or county) O Missouri (State or foreign country)
16. (a) Informant Mark Weller
(b) Address Maitland Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 (Month) 1 (Day) 42 (Year)
(c) Place: burial or cremation K. of P. Maitland Mo
18. (a) Signature of funeral director Campbell Funeral Home
(b) Address 951 South Main Maryville Mo
19. (a) June 1, 1942 (Date received local registrar) (b) Mrs. Ralph Scott (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30 year 1942 hour 12:15 minute P M.
21. I hereby certify that I attended the deceased from , 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death

Due to Drowning

Due to Unable to Swim

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Coroner's Inquest

Duration

143-3

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) Accident 074
(b) Date of occurrence May 30, 1942
(c) Where did injury occur? Near Maitland (City or town) Nodaway (County) Mo. (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? In drainage ditch near Nodaway River (Specify type of place)
While at work? (e) Means of injury 3
23. Signature W. R. Jackson (M. D. or other)
Address Maryville, Mo. Date signed 6-1-42

12 TD (Licensed Embalmer's Statement on Reverse Side)

MISSOURI STATE BOARD OF HEALTH

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## 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 W. Lucas Campbell

Licensed Embalmer No. 26 20

P. O. Address Mansfield 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.**

(Licensed Embalmer's Statement on Reverse Side)