

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED JUL 17 1942

Registration District No. 190

Primary Registration District No. 4113

Registrar's No. 29

23  
1  
0

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

1. PLACE OF DEATH:

(a) County Clark  
(b) City or town Kahoka Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 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 \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clark 23  
(c) City or town Kahoka  
(If outside city or town limits write "RURAL") 0  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Annie Weber

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

4. Sex Female 5. Color or race W. 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years (Day) (Year)

8. AGE: Years 87 Months 0 Days 19 If less than one day hr. \_\_\_\_\_ min.

9. Birthplace Lewis County Missouri (City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

MOTHER FATHER  
12. Name Edmund Weber  
13. Birthplace Kentucky (City, town, or county) (State or foreign country)  
14. Maiden name Louise Bibb  
15. Birthplace Kentucky (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Fay Hummel  
(b) Address Kahoka Mo.

17. (a) Burial (b) Date thereof 6. 17. 1942 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dover Cemetery Lewis Co.

18. (a) Signature of funeral director Fred Johnson  
(b) Address Kahoka Mo.

19. (a) 7-8-42 (b) Perry's Barton (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 14th year 1942 hour 11 minute P.M. M.

21. I hereby certify that I attended the deceased from June 1st 1942, to June 14th 1942 that I last saw her alive on June 14th 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) J.S.A.

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 \_\_\_\_\_

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 D. J. Channing (M. D. or other) DO

Address Kahoka Mo. Date signed 6-14-42

1273

RECEIVED

District Health Officer No. 10

District File Number 7-42-1415

Date Filed JUL 15 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 Fred J. Karle

Licensed Embalmer No. 1023

P. O. Address Kahala 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.