V. S. No. 2
DM—9-4-41
ev. 5-17-39
I X29484

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

25612

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 10 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 374 Primary Registration District No. 62-34547 Registrar's No.

1. PLACE OF DEATH:
(a) County Worth
(b) City or town Grant City 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 15 years 6 months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Worth 113
(c) City or town Grant City Mo. Rural
(If outside city or town limits, write "RURAL.")
(d) Street No. Northwest of Grant City
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Sarah Ellen Weddle Job
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex F 1
5. Color or race W
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife William H Job
6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased (Month) (Day) 1884 (Year)

8. AGE: Years 58 Months 4 Days 29 If less than one day hr. min.

9. Birthplace Floyd (City, town, or county) Virginia (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
MOTHER FATHER
12. Name B. F. Weddle
13. Birthplace Floyd (City, town, or county) Virginia (State or foreign country)
MOTHER
14. Maiden name Sarah Ellen Blackburn
15. Birthplace Floyd (City, town, or county) Virginia (State or foreign country)
16. (a) Informant William H Job
(b) Address Grant City Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 1 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Dagsdorah Mo.
18. (a) Signature of funeral director John Andrew Jr
(b) Address Grant City Mo.
19. (a) Aug 2 1942 (Date received local registrar) (b) Arlene Scaffold (Registrar's signature)

1104 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30
year 1942 hour 9 minute 30 A.M.
21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...
that I last saw h... alive on July 27 1942
and that death occurred on the date and hour stated above.
Immediate cause of death Lobar Pneumonia — Duration
Due to
Due to
Other conditions (Include pregnancy within 3 months of death) N H A
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?
While at work? (Specify type of place) (e) Means of injury
23. Signature Dr Cutler Read (M.D. or other)
Address Grant City Date signed 8-1-42

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.....

John Andrews Jr, Registered Apprentice No.....,

working under my personal supervision.

Signed John Andrews Jr.

Licensed Embalmer No. 4211

P. O. Address Grant City 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.