

S. No. 2  
M-5-42  
v. 5-17-39

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

33011

DEPARTMENT OF COMMERCE  
FILED OCT 20 1942

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

Registrar's No. **3663**

Registration District No. **149**

Primary Registration District No. **1002**

**1. PLACE OF DEATH:**  
 (a) County **Jackson**  
 (b) City or town **Kansas City**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**430 W. 61st Terrace /**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution.....  
(Specify whether  
 In this community **2 years**  
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State **Missouri** (b) County **Jackson**  
 (c) City or town **Kansas City**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **430 W. 61st Terrace**  
(If rural, give location)  
 (e) Citizen of foreign country?.....  
(Yes or No)  
 If yes, name country.....

**3. (a) PRINT FULL NAME** **George Albert Weston**  
 3. (b) If veteran, name war **No** 3. (c) Social Security No. **None**

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month **Oct** day **2**  
 year **1942** hour **2:00** minute **P** M.

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**  
 6. (b) Name of husband or wife **Nettie S. Weston** 6. (c) Age of husband or wife if alive **81** years  
 7. Birth date of deceased **May 1 1849**  
(Month) (Day) (Year)

**21. I hereby certify that I attended the deceased from**  
**10-1-1942** to **10-2-1942**  
 that I last saw him alive on **10-2-** 1942  
 and that death occurred on the date and hour stated above.

**8. AGE:** Years **93** Months **5** Days **1** If less than one day  
 ..hr. ..min.

Immediate cause of death **Chr Myocarditis**  
 Duration **6 mos**

**9. Birthplace** **Reading Mass. /**  
(City, town, or county) (State or foreign country)

Due to **Apertension**  
 Due to **153r**

**10. Usual occupation** **Retired**

Other conditions **1932**  
(Include pregnancy within 3 months of death)

**11. Industry or business** **Salesman**

**MOTHER FATHER**  
**12. Name** **Albert F. Weston**  
**13. Birthplace** **Mass. /**  
(City, town, or county) (State or foreign country)  
**14. Maiden name** **Mary J. Divoll**  
**15. Birthplace** **Mass. /**  
(City, town, or county) (State or foreign country)

**Major findings:**  
 Of operations.....  
 Of autopsy.....  
**PHYSICIAN**  
 Underline the cause to which death should be charged statistically.

**16. (a) Informant** **Mrs. Arthur B. Lloyd**  
**(b) Address** **430 W. 61st Terrace**

**22. If death was due to external causes, fill in the following:**

**17. (a) Cremation** (b) Date thereof **10-5-1942**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
**(c) Place: burial or cremation** **Elmwood Cementery**

**(a) Accident, suicide, or homicide (specify)**.....  
**(b) Date of occurrence**.....  
**(c) Where did injury occur?**.....  
(City, town) (County) (State)  
**(d) Did injury occur in or about home, or farm, in industrial place, in public place?**.....

**18. (a) Signature of funeral director** **Freeman Mortuary**  
**(b) Address** **Kansas City, Missouri**  
**19. (a) 10-5-42** (b) **M. M. Brown**  
(Date received local registrar) (Registrar's signature)

**23. Signature** **Carl F. Smith** (M. D. or other)  
 Address **106 W 14th St KC Mo** Date signed **10-2-42**

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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..... *Clarence W. Childs*.....  
Licensed Embalmer No..... *3473*.....  
P. O. Address..... *76 e 7th*.....

**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.**