

FILED NOV 5 1942  
Registration District No. 274

Primary Registration District No. 3052

1. PLACE OF DEATH:

(a) County. **Pettis**  
(b) City or town. **Sedalia**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution. **Bothwell Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. **2 Weeks**  
(Specify whether)  
In this community. **26 Years.**  
(years, months or days)

3. (a) PRINT  
FULL NAME

**Ferdinand Weller**

3. (b) If veteran,  
name war.

3. (c) Social Security  
No.

4. Sex. **Male**  
5. Color or race. **White**  
6. (a) Single, widowed, married,  
divorced. **Widowed**  
6. (b) Name of husband or wife. **Marie**  
6. (c) Age of husband or wife if  
alive. **Feb 28 1866**  
7. Birth date of deceased. (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**76** **7** **29** hr. min.

9. Birthplace. **Bahmer Mo.**  
(City, town, or county) (State or foreign country)

10. Usual occupation. **Retired**

11. Industry or business. **Carpenter**

12. Name. **Peter Weller**

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

14. Maiden name. **Elsie Rush**  
(City, town, or county) (State or foreign country)

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

16. (a) Informant. **Clara Weller**

(b) Address. **Sedalia Mo.**

17. (a) **Burial** (b) Date thereof. **Oct 30 1942**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. **Calvary Cemetery**

18. (a) Signature of funeral director. **McLaughlin Bros.**

(b) Address. **Sedalia Mo.**

19. (a) **10-28-42** (b) **Anna Berger**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. **Mo.** (b) County. **Pettis**  
(c) City or town. **Sedalia Mo.**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **1120 West II**  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **27**  
year **1942** hour **6:30** minute **30** M.

21. I hereby certify that I attended the deceased from  
**Oct. 1942 to Oct. 27 1942**  
that I last saw him alive on **Oct. 27**  
and that death occurred on the date and hour stated above.  
Immediate cause of death.

**Institution & Extremities 10 days**  
Due to **Secondary Bursitis** 3 mo.

Due to **Pericarditis of**  
**Stomach.** ?  
Other conditions (Include pregnancy within 3 months of death)

Major findings:  
Of operations. **46**  
Of autopsy.

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?

(Specify type of place)  
While at work (e) Means of injury.  
23. Signature **Anna Berger** (M. D. or other)  
Address **Sedalia Mo.** Date signed **10-28-42**

RECEIVED

District Health Officer No. 8,

District File Number.....

11-4-42

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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.....

Robert H. Reed

Licensed Embalmer No. 3745

P. O. Address.....

Sedalia 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.**