

No. 2
1-4-41
5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

2040

State File No. _____

FILED FEB 4 1943 82

Primary Registration District No. 41445308

Registrar's No. 47

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

1. PLACE OF DEATH: Cooper
 (a) County Cooper
 (b) City or town Rural Blackwater Twp
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: none
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community 8 yrs. (Specify whether years, months or days)

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

3. (a) PRINT FULL NAME JOHN-ROBERT-WEESSEN.

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

4. Sex Male
 5. Color or race White
 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Eva Weessen
 6. (c) Age of husband or wife if deceased deceased years

7. Birth date of deceased Oct-18-1863
 (Month) (Day) (Year)

8. AGE: Years 79 Months 7 Days 21
 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business Same

12. Name Golidore Weessen
 13. Birthplace unknown Belgium
 (City, town, or county) (State or foreign country)

14. Maiden name unknown
 15. Birthplace unknown U.S.A.
 (City, town, or county) (State or foreign country)

16. (a) Informant Mary Blanche Weessen
 (b) Address Blackwater Mo

17. (a) burial (b) Date thereof 1-12-1943
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Morgan Cem, Tipton Mo

18. (a) Signature of funeral director Wm. J. & J. J. J. J.
 (b) Address Pilot Grove Mo

19. (a) Jan 10-43 (b) Dr. Chas. Swap
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 9th
 year 1943 hour 9 minute 15 A.M.

21. I hereby certify that I attended the deceased from Jan 7
1943 to Jan 9 1943
 that I last saw him alive on Jan 8 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death Laba-Pneumonia
 Duration 3 days

Due to _____
 Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
 Of autopsy _____
 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 0

23. Signature M. L. DeKraegen (M. D. or other) M.D.
 Address Bonville Mo Date signed 1/10/43

1088

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 2-3-43

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 myself

.....
working under my personal supervision.

Signed.....

Peyton C. Hays

Registered Apprentice No.....
Licensed Embalmer No. 3074

P. O. Address Pilot Grove, Wn

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.