V. S. No. 2
50M—5-42
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

9349

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 25 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 1296

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

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: 3821 East 59th/St.Terrace
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution XX (Specify whether
In this community 43 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 3821 East 59th St. Terrace
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME EDWARD A. WEBER

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race Wh

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Elizabeth Weber

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased January (Month) 8 (Day) 1867 (Year)

8. AGE: Years 76 Months 2 Days 5 If less than one day hr. min.

9. Birthplace Ft. Wayne (City, town, or county) Indiana (State or foreign country)

10. Usual occupation Retired Shipping Clerk

11. Industry or business Rock Island R. R.

FATHER
12. Name Adam Weber
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Margaret Hill
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant Raymond Weber
(b) Address 3817 E. 59th St.Terrace

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-16-43 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director J.W. Wagner
(b) Address Kansas City, Mo.

19. (a) 3-15-43 (Date received local registrar) (b) N. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 13 year 1943 hour 4 o'clock minute P. M.

21. I hereby certify that I attended the deceased from March 5, 1943, to March 13, 1943; that I last saw him alive on March 13, 1943; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: acute Endocarditis	
Due to following acute Inflammatory Rheumatism	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature E. A. Zeilinger (M. D. or other)

Address 520 Argyle Bldg. K.C. Date signed 3/14-43

(Licensed Embalmer's Statement on Reverse Side)

APR 12 1943

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 A. R. Heinrichs

Licensed Embalmer No. 4159

P. O. Address St. Louis 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.