S. No. 2
OM—5-42

FILED MAR 22 1943

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

9709

State File No.

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 268

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

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Joseph Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether years, months or days)
In this community Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 1709 Sycamore St.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Donald Lee Weese
3. (b) If veteran, name war None
3. (c) Social Security No. 499-20-1127
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May (Month) 30 (Day) 1928 (Year)
8. AGE: Years 14 Months 8 Days 16 If less than one day hr. min.
9. Birthplace St. Joseph (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Student
11. Industry or business Neeley School 8th grade
MOTHER FATHER
12. Name Richard B. Weese
13. Birthplace Clarksdale (City, town, or county) Missouri (State or foreign country)
14. Maiden name Wilma Coats
15. Birthplace Agency (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Mr. Richard B. Weese
(b) Address 1709 Sycamore St., St. Joseph, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 18, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Auburn Cem.
18. (a) Signature of funeral director Herman W. Siebenfaden
(b) Address 1802 Union St., St. Joseph, Mo.
19. (a) 2-18-43 (Date received local registrar) (b) Rae Hergoz (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 16th year 1943 hour 12 minute 30 P. M.
21. I hereby certify that I attended the deceased from 4 AM Feb 16, 1943, to, 19..; that I last saw him alive on Feb 16, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Uremic Coma	24 hours
Due to Diabetes Mellitus	3 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death) Acute Pharyngitis Laryngitis Tracheitis Bronchitis	

Major findings:
Of operations no operation
Of autopsy no 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 Gordon W. Wright M.D. (M. D. or other)
Address 845 So 19th St. St. Joseph Mo. Date signed 2/16/43

1233

(Licensed Embalmer's Statement on Reverse Side)

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 Elbert R. Harrington

Licensed Embalmer No. 3258

P. O. Address St. Joseph, 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.