

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

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MAR 30 1943

Registration District No. 170

Primary Registration District No. 5630

Registrar's No.

1. PLACE OF DEATH:

(a) County Laclede

(b) City or town Rural Lebanon Twp. P.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Lebanon R. 5 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. Neither
(Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Laclede

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

(d) Street No. Rt. 5
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Wallace Weddle Jr.

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced _____

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased February 6, 1943
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

3 hr. 15 min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name Wallace Weddle

13. Birthplace Laclede County Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Glady's Barnett

15. Birthplace Laclede County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant J. D. Weddle

(b) Address Lebanon, Mo. Rt. 4

17. (a) Burial (b) Date thereof 2 6 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Millsep Cem.

18. (a) Signature of funeral director PALMER'S

(b) Address Lebanon, Missouri

19. (a) 2-8-43 (b) Grace Roper
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 6
year 1943 hour _____ minute 1 A. M.

21. I hereby certify that I attended the deceased from Feb. 5,
1943 to Feb. 6, 1943
that I last saw him alive on Feb. 5, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Unknown
(7 month, frank breech presentation)

Due to _____

Due to _____

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

Major findings: Of operations _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature A. Hamilton (M. D. or other)

Address Lebanon, Mo. Date signed 2/6/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. *Lake County Health Unit*

District File Number *2-43-20*

Date Filed *3-16-43*

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 *not embalmed*
....., Registered Apprentice No.
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.