S. No. 2
M—5-42
5-17-39
I X3237

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17305

FILED MAY 18 1943

Registration District No. 13 | Primary Registration District No. 5057 | Registrar's No. 23

1. PLACE OF DEATH:
(a) County: Barry
(b) City or town: Rural Kings Prairie Township (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: none (Specify whether years, months or days) In this community: all of her life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Barry
(c) City or town: Rural (If outside city or town limits, write "RURAL")
(d) Street No.: Kings Prairie Twsp - 6 mi S.E. of Monett (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country: no

3. (a) PRINT FULL NAME: Minnie Bell Weber
3. (b) If veteran, name war: none
3. (c) Social Security No.: Old age Pen
4. Sex: F-1
5. Color or race: W
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: John Weber
6. (c) Age of husband or wife if alive: 75 years
7. Birth date of deceased: September (Month) 7 (Day) 1875 (Year)

8. AGE: Years 67 | Months 7 | Days 11 | If less than one day ____ hr. ____ min.

9. Birthplace: Lawrence (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business: Home
MOTHER FATHER
12. Name: Charles R. Cummings
13. Birthplace: Arkansas (City, town, or county) (State or foreign country)
14. Maiden name: Caroline Burrow
15. Birthplace: Lawrence Co. (City, town, or county) Missouri (State or foreign country)
16. (a) Informant: John Weber
(b) Address: R.F.D. 2 - Monett Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4-20-1943 (Month) (Day) (Year)
(c) Place: burial or cremation: Kings Prairie Cemetery
18. (a) Signature of funeral director: Callaways
(b) Address: Monett - Mo.
19. (a) April 20 1943 (Date received local registrar) (b) Audra Willoughby (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: April day: 18 year: 1943 hour: 10 minute: 10 P.M.
21. I hereby certify that I attended the deceased from: March 20, 1943, to: April 18, 1943 that I last saw her alive on: April 18, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchio Pneumonia	3 days
Due to: Chronic Myocardial degeneration	2 yrs
Due to:	
Other conditions (Include pregnancy within 3 months of death): 93d	
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: Frank L. Ken MD (M. D. or other)
Address: Monett Mo Date signed: 3/19/43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 543-620
Date Filed MAY 14 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 J. D. Buchanan

Licensed Embalmer No. 3179

P. O. Address Monett 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.