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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 19298

ED MAY 25 1943

Registration District No. 579

Primary Registration District No. 4510

Registrar's No. 11

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

1. PLACE OF DEATH:

(a) County Sullivan

(b) City or town Osgood

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community Life years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Sullivan ¹⁰⁵

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

(d) Street No. _____ (If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME WILLIAM BARTON WESTON

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

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

6. (b) Name of husband or wife Altam Weston 6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased Aug 15 1856 (Month) (Day) (Year)

8. AGE: Years 86 Months 7 Days 28 If less than one day _____ hr. _____ min.

9. Birthplace Sullivan Co mo (City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business _____

12. Name Jetham J. Weston

13. Birthplace Sullivan Co mo (City, town, or county) (State or foreign country)

14. Maiden name Mary Jane Jones

15. Birthplace Tenn (City, town, or county) (State or foreign country)

16. (a) Informant W. C. Weston (b) Address Galt mo

17. (a) Burial (b) Date thereof 4-12-43 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Camp Ground

18. (a) Signature of funeral director PK Paynter (b) Address Galt mo

19. (a) April 14 43 (b) Mrs. Sadie Johnson (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 12 year 1943 hour 1 minute 9 P. M.

21. I hereby certify that I attended the deceased from 3-26-1943 to 4-12-1943 that I last saw him alive on 4-11-1943 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Chronic

Due to Tobacco pneumonia

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 MI

23. Signature W. C. Weston (M. D. or other) MI

Address Galt mo Date signed 4-12-43

Duration ?

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 10

District File Number 5-43-918

Date Filed MAY 21 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 PK Payne Jr

Licensed Embalmer No. 2400

P. O. Address Galt

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.