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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

24894

State File No. _____

Registrar's No. 60

Primary Registration District No. 5437

Registration District No. 16

1. PLACE OF DEATH:

(a) County Franklin
(b) City or town Royal - St. Johns
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Washington RFD #2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none
In this community life 61 yrs (Specify whether years, months or days)

3. (a) PRINT FULL NAME

FRANCES WEBER

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife John 6. (c) Age of husband or wife if alive 5 years (Month) (Day) (Year)
7. Birth date of deceased October 5 1881 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
61 9 25 hr. min.

9. Birthplace Krakow Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Own home

12. Name Herdinand Weber

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

14. Maiden name Elizabeth Rolf

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

16. (a) Informant August Weber

(b) Address Washington, Missouri, R. #2

17. (a) Burial (b) Date thereof August 2, 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Krakow, Missouri

18. (a) Signature of funeral director Wiegand & Vitt, Inc.

(b) Address Washington, Mo.

19. (a) Aug. 1, 1943 (Date received local registrar) (b) W. J. Ruelker (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin
(c) City or town Royal (If outside city or town limits, write "RURAL")
(d) Street No. Washington RFD #2 (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30 year 1943 hour 4 minute 30 P. M.

21. I hereby certify that I attended the deceased from July 29, 1943, to July 30, 1943.

that I last saw her alive on July 29 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Congestive Heart Failure

Due to Chronic Myocarditis Unknown

Due to _____

Other conditions (Include pregnancy within 3 months of death) 93d

Major findings: Of operations _____

Of autopsy No

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 W. J. Ruelker (or other) _____

Witness W. J. Ruelker Date signed 7-30-43

(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 _____

working under my personal supervision

Lester A. Vitt

Registered Apprentice No. _____

Signed _____

Lester A. Vitt

Licensed Embalmer No. *3254*

P. O. Address *Washington, 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.