V. S. No. 2
100M—2-43
Rev. 5-17-39
I X35897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 27505

ED SEP 7 1949

Registration District No. 749

Primary Registration District No. 1002

Registrar's No. 3622

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

1. PLACE OF DEATH:

(a) County: Jackson

(b) City or town: Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 4615 Mercier /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community: 27 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson 48

(c) City or town: Kansas City 2
(If outside city or town limits, write "RURAL") 6

(d) Street No.: 4615 Mercier st.
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: Noble William Weber

3. (b) If veteran, name war: none

3. (c) Social Security No.: 495-07-8527

4. Sex: male

5. Color or race: Wh.

6. (a) Single, widowed, married, divorced: married

6. (b) Name of husband or wife: Christie H. Weber

6. (c) Age of husband or wife if alive: 53 years

7. Birth date of deceased: July (Month) 11 (Day) 1888 (Year)

8. AGE: Years 55 Months 1 Days 10 If less than one day ____ hr. ____ min.

9. Birthplace: Cairo (City, town, or county) Ill. (State or foreign country) 1

10. Usual occupation: wholesale Groceries

11. Industry or business: Morgan wholesale Gro.

FATHER
12. Name: Julius E. Weber
13. Birthplace: Germany (City, town, or county) (State or foreign country) 4

MOTHER
14. Maiden name: Louise Schilling
15. Birthplace: Germany (City, town, or county) (State or foreign country) 4

16. (a) Informant: Mrs Christie H Weber
(b) Address: 4615 Mercier

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Aug. 23, 43 (Month) (Day) (Year)
(c) Place: burial or cremation: Forest Hill

18. (a) Signature of funeral director: Gates Funeral Home
(b) Address: 1901 Olathe Blvd.

19. (a) 8-22-43 (Date received local registrar) (b) JC Brown (Registrar's signature) Dep.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Aug. day: 21 year: 1943 hour: 7 minute: 15 A.M.

21. I hereby certify that I attended the deceased from Aug 20-43, 19__, to Aug 21, 1943, that I last saw him alive on Aug. 21, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death: Pneumonia Bronchial — Duration

Due to: 107

Due to:

Other conditions: Influenza Abdominal
(Include pregnancy within 3 months of death)

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: [illegible] (M.D. or other)
Address: 3937 Main Date signed:

(Licensed Embalmer's Statement on Reverse Side)

Dr Simmons
3937 Main

RH Simmons 3937 Main

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 Wm L. Ward

Licensed Embalmer No. 3991

P. O. Address 309 E. 67th St

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.