

FILED JAN 10 1944

Registration District No. 53 Primary Registration District No. 3010

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

1. PLACE OF DEATH:

(a) County Cape Girardeau
 (b) City or town Cape Girardeau
 (c) Name of hospital or institution: S. E. Mo Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 10 hrs
 In this community 5 months
 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau
 (c) City or town Cape Girardeau
 (If outside city or town limits, write "RURAL")
 (d) Street No. 201 Broadway
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country 0

3. (a) PRINT FULL NAME Joseph P. Weatherford
 (b) If veteran, name war _____ (c) Social Security No. _____

4. Sex MALE 5. Color or race White 6. (a) Single, widowed, married, divorced MARRIED
 (b) Name of husband or wife Debra Weatherford 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased MAR. 19 1866
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 8 13 hr. min.

9. Birthplace ORIOLE MO
 (City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business _____
 12. Name EDENEZER WEATHERFORD
 13. Birthplace TENNESSEE
 (City, town, or county) (State or foreign country)
 14. Maiden name ELIZABETH POWELL
 15. Birthplace TENN.
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. C. B. Brown
 (b) Address Cape Girardeau Mo

17. (a) Burial (b) Date thereof 12-5-43
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation 12-McLain Chapel Cym

18. (a) Signature of funeral director DePaul Funeral Home
 (b) Address Cape Girardeau Mo

19. (a) 12-5-43 (b) F. W. Phelps
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 1st
 year 1943 hour 4 minute 30 P. M.
 21. I hereby certify that I attended the deceased from Aug
 _____, 1943, to Dec, 1943
 that I last saw him alive on Dec 1, 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis
 Duration 3 mos

Due to ?
 Due to _____
 Other conditions Hypertension 2 yrs
 (Include pregnancy within 6 months of death)

PHYSICIAN
 Major findings: Of operations _____
 Of autopsy 9391
 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?
 While at work? _____ (Specify type of place) (e) Means of injury 0
 23. Signature T. E. Koff (M. D. or other) MD
 Address Jack Road Mo Date signed 12-2-43

1014

RECEIVED

District Health Officer No. 4
District File Number 144-3155
Date Filed 1-7-44

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

Lyman Steele

Licensed Embalmer No. 2476

P. O. Address Cape Girardeau

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.