

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

1944 JAN 11 1944

**1. PLACE OF DEATH**

County Wayne  
Township Chariton  
City Glasgow (No. ....)

Registration District No. 382  
Primary Registration District No. 4228

File No. ....  
Registered No. 274  
St. .... Ward) .....

**2. FULL NAME**

HENRY J. WEBER

(a) Residence, No. .... St. .... Ward. ....  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>MARY K. MERHOFF</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 2, 1871</u>		
7. AGE	YEARS <u>72</u>	MONTHS <u>4</u>
	DAYS <u>5</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>MERCHANT</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>General Store</u>	
	10. Date deceased last worked at this occupation (month and year) <u>Aug 1933</u>	11. Total time (years) spent in this occupation <u>30 yrs</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St Louis Mo.</u>		
FATHER	13. NAME <u>William Weber</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Washington Mo</u>	
MOTHER	15. MAIDEN NAME <u>Aura Fleschner</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>	
17. INFORMANT (ADDRESS) <u>Walter Weber Fleschner Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE (Address) (DATE) <u>Glasgow Mo Dec 10 1943</u>		
19. UNDERTAKER (ADDRESS) <u>Chas. J. ...</u>		
20. FILED 12/18 1943		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 7 1943

22. I HEREBY CERTIFY, That I attended deceased from 1-1-1943 to 12-7-1943  
I last saw him alive on 12-4-1943 Death is said to have occurred on the date stated above, at 6:25 P.M.  
The principal cause of death and related causes of importance were as follows:  
myocarditis  
Date of onset 9/30

Other contributory causes of importance:  
Cerebral Stroke

Name of operation none Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ..... Date of injury ....., 19.....  
Where did injury occur? ..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....  
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify .....  
(Signed) W. B. Ketcher, M. D.  
(Address) Glasgow, Mo.

Registrar.

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

1-10-44

This body was embalmed by me

E. W. Fiermont  
Missouri License  
No. 3978  
Glasgow  
Missouri