

FILED JAN 25 1944
Registration District No. **128**

Primary Registration District No. **2000**

Registrar's No. **34**

1. PLACE OF DEATH: **GREEN**
 (a) County **MO.**
 (b) City or town **Springfield**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **BAPTIST HOSPITAL**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
 In this community.....
 years, months or days

3. (a) PRINT FULL NAME **CHARLES A. WEBER SR.**
 3. (b) If veteran, **NONE** name war.....
 3. (c) Social Security No. **NONE**

4. Sex **MALE** 5. Color or race **WHITE**
 6. (a) Single, widowed, married, divorced **WIDOWER**
 6. (b) Name of husband or wife **Web.**
 6. (c) Age of husband or wife if alive **Web.** years
 7. Birth date of deceased **July 17 - 1870**
 (Month) (Day) (Year)

8. AGE: Years **73** Months **5** Days **27**
 If less than one day hr. min.

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

10. Usual occupation **Retired Construction Supt**
Bridge Builder

11. Industry or business

12. Name **Herman F. Weber**

13. Birthplace **Web.** **Germany**
 (City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Unknown** **Web.**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Homer F. Weber**

(b) Address **SPRINGFIELD** **MO.**

17. (a) **Burial** (b) Date thereof **Jan 11-1944**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Bellview Cem**
J.W. Klingner & Co.

18. (a) Signature of funeral director **J.W. Klingner**
 (b) Address **SPRINGFIELD** **MO.**

19. (a) **1-10-44** (b) **S. W. Handley**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **MO.** (b) County **GREENE** **39**
 (c) City or town **SPRINGFIELD** **Rural, N. Campbell**
 (If outside city or town limits, write "RURAL") **Twp**
 (d) Street No. **R. F. D. #10**
 (If rural, give location)
 (e) Citizen of foreign country? **NO** (Yes or No)
 If yes, name country **✓**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **JAN** day **9**
 year **1944** hour **7** minute **20 P.** M.

21. I hereby certify that I attended the deceased from **Jan 9** 1944 to **Jan 9** 1944
 that I last saw him alive on **Jan 9** 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral**
thrombophlebitis

Due to **Hyper tension**
 Due to

Other conditions **J. J. A!**
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations **✓**

Of autopsy **✓**

Duration

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?

While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature **J. F. Freeman** (M. D. or other)
 Address **Springfield** Date signed **1/11/44**

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

MOTHER FATHER

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..... *J. B. Klingner*

Licensed Embalmer No. *3358*

P. O. Address. *Springfield*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.