

Registration District No. 209

Primary Registration District No. 3043

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

1. PLACE OF DEATH:

(a) County Marion
(b) City or town Hannibal Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Elizabeths Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 days
In this community Life time
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion
(c) City or town Palmyra Mo
(If outside city or town limits, write "RURAL.")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Sebastian A. Weyand

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Minnie M Weyand 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb. 19- 1877
(Month) (Day) (Year)

8. AGE: Years 66 Months 11 Days 3 If less than one day _____ hr. _____ min.

9. Birthplace Leavenworth Kan. (City, town, or county) (State or foreign country)

10. Usual occupation CAFEE OWNER

11. Industry or business _____

MOTHER } 12. Name August Weyand
FATHER } 13. Birthplace France Foreign B
(City, town, or county) (State or foreign country)
14. Maiden name Minnie H. Hausand
15. Birthplace Luxemburg Foreign B
(City, town, or county) (State or foreign country)

16. (a) Informant Harry Weyand

(b) Address Palmyra Mo P.O.B. 368

17. (a) Palmyra (b) Date thereof 1-18-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Catholic Cemetery

18. (a) Signature of funeral director A.M. Sprague

(b) Address Palmyra Mo P.O.B. 181

19. (a) 1/20/44 (b) RW Connor
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 16
year 1944 hour 5:40 minute _____ a.m.

21. I hereby certify that I attended the deceased from 14 42 43
to Jan 14, 1944, to _____, 19____;

that I last saw him alive on Jan 14, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Diabetic Mellitus Duration _____
Arterial Sclerosis 2 yrs

Due to _____

Due to _____

Other conditions _____
(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? _____

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

23. Signature J. H. Ruelle (M. D. _____)

Address Palmyra Mo Date signed 1/17/44

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 R. M. Sprague

Licensed Embalmer No. 999

P. O. Address Palmyra 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.