

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3921

State File No. _____

Registrar's No. 38

Registration District No. 274

Primary Registration District No. 322

1. PLACE OF DEATH:

(a) County PETTIS
(b) City or town SEDALIA
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: BOTHWELL HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 1/2 HRS
(Specify whether
In this community 37 YEARS
years, months or days)

3. (a) PRINT FULL NAME WILLIAM HENRY WEEDIN

3. (b) If veteran, name war _____ 3. (c) Social Security No. 490-16-0534

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife ANNA JULIA WEEDIN 6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased (Month) 1 (Day) 20 (Year) 1870

8. AGE: Years 74 Months 0 Days 5 If less than one day hr. min.

9. Birthplace GREEN RIDGE (City, town, or county) Mo (State or foreign country)

10. Usual occupation CARPENTER

11. Industry or business _____

12. Name CALEB WEEDIN

13. Birthplace TIPTON (City, town, or county) Mo (State or foreign country)

14. Maiden name AMANDA ?

15. Birthplace TIPTON (City, town, or county) Mo (State or foreign country)

16. (a) Informant MRS ANNA J. WEEDIN

(b) Address SEDALIA

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 1-28-1944 (Month) (Day) (Year)

(c) Place: burial or cremation MEMORIAL PARK

18. (a) Signature of funeral director GILLESPIE

(b) Address SEDALIA

19. (a) 1/26/44 (Date received local registrar) (b) Mrs Anna Berger (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County PETTIS
(c) City or town SEDALIA
(If outside city or town limits, write "RURAL")
(d) Street No. 1518 S. OHIO
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 25 year 1944 hour 3 minute 30 P M.

21. I hereby certify that I attended the deceased from Jan 20 1944 to _____ 19____

that I last saw h. _____ alive on _____ 19____ and that death occurred on the date and hour stated above.

Immediate cause of death Injury received when he fell 20 feet from building striking his head on a concrete floor fracturing his skull
Due to There was a large amount of cerebral bleeding
Due to _____

Other conditions (Include pregnancy within 3 months of death) 1/26/44

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) accident 13 ft

(b) Date of occurrence Jan 25 1944

(c) Where did injury occur? Sedalia Pettis Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? National Guard Armory

While at work? yes (Specify type of place) (e) Means of injury concrete floor

23. Signature Dr J Bishop Coroner (M. D. or other)

Address Sedalia Mo Date signed 1-25-44

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

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 2-4-47

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.....

L. E. Boulton

Licensed Embalmer No.....

3867

P. O. Address.....

Seaside, 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.