

FILED FEB 19 1949

Registration District No. 3

Primary Registration District No. 3075

Registrar's No. 8

1. PLACE OF DEATH:

(a) County Stoddard  
(b) City or town Waver  
(c) Name of hospital or institution:  
(If outside city or town limits, write "RURAL" and name of township)

(If not in hospital or institution, write street number or location) 1

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community 76 yrs.  
years, months or days

3. (a) PRINT FULL NAME EDWARD WEBER

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 Alice Weber 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Oct 23 1859  
(Month) (Day) (Year)

8. AGE: Years 84 Months 2 Days 25 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Wartman Germany  
(City, town, or county) (State or foreign country)

10. Usual occupation Merchant

11. Industry or business

MOTHER FATHER { 12. Name Edward H. C. Weber  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Sophia Rheinert  
15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Alice Weber

(b) Address Waver, Mo.

17. (a) Burial (b) Date thereof 1-20-49  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Waver Cemetery

18. (a) Signature of funeral director Blanchard Standa

(b) Address Waver, Mo.

19. (a) 1-25-49 (b) Mora Smith  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard

(c) City or town Waver 163  
(If outside city or town limits, write "RURAL") 3

(d) Street No. Stoddard St. 1  
(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 18  
year 1949 hour 1 minute 00 M.

21. I hereby certify that I attended the deceased from Dec-11-1948 to Jan 18 1949  
that I last saw him alive on Jan 17 1949  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Hypostatic pneumonia  
and sequelae of

chronic myocarditis

Due to Senility

Other conditions (Include pregnancy within 3 months of death) 93d

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? A (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Frank Huber (M. D. or other) MD

Address Waver, Mo Date signed 1-22-49

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

3311

RECEIVED

District Health Office No. 2

District File Number 24-286

Date Filed 2-7-44

JAN 22 1957

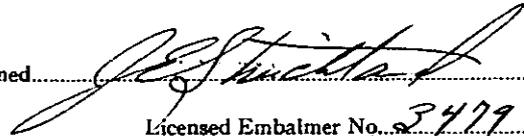
STATEMENT BY LICENSED EMBALMER

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.....



Licensed Embalmer No. 3479

P. O. Address Dexter, 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.