

FILED APR 14 1944

State File No.

Registration District No. 61

Primary Registration District No. 41.07

Registrar's No. 18

1. PLACE OF DEATH:
(a) County CEDAR
(b) City or town EL DORADO SPRINGS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. _____ (Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County CEDAR 20
(c) City or town EL DORADO SPRINGS 1
(If outside city or town limits, write "RURAL") 0
(d) Street No. 801 S. MAIN (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME WILLIAM EDGAR WEIR

MEDICAL CERTIFICATION

3. (b) If veteran, name war _____ 3. (c) Social Security No. none

20. DATE OF DEATH: Month March day 10
year 1944 hour 2 minute A M.

4. Sex MALE 5. Color or race White 6. (a) Single, widowed, married, Divorced WIDOWED

21. I hereby certify that I attended the deceased from Dec. 26 1943, to Mar 10 1944, that I last saw him alive on March 7th 1944 and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

Immediate cause of death mitral insufficiency

7. Birth date of deceased Oct 5 1887
(Month) (Day) (Year)

Due to _____

8. AGE: Years 76 Months 5 Days 5 If less than one day _____ hr. _____ min.

Due to _____

9. Birthplace _____ (City, town, or county) (State or foreign country) Mo. 0

Other conditions (Include pregnancy within 3 months of death) 92h

10. Usual occupation Hotel Proprietor

Major findings: Of operations _____ Of autopsy _____

11. Industry or business _____

PHYSICIAN _____ Underline the cause to which death should be charged statistically.

12. Name Whitney Weir

13. Birthplace _____ (City, town, or county) (State or foreign country) Tenn 1

14. Maiden name Annada Corrie

15. Birthplace _____ (City, town, or county) (State or foreign country) Tenn 1

16. (a) Informant Roy L. Weir
(b) Address Maryville Mo

17. (a) Burial (b) Date thereof 3-11-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maryville Mo

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? _____

18. (a) Signature of funeral director William Siders
(b) Address El Dorado Springs Mo

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

19. (a) 3-10-1944 (b) J. L. Danaway
(Date received local registrar) (Registrar's signature)

23. Signature W. Dawson (M. D. or other) _____
Address El Dorado Springs Date signed 3-10-44

1046

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

RECEIVED
District Health Officer No. 7
District File Number 3-44-495
Date Filed 4-12-44

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.....

Licensed Embalmer No.....

P. O. Address.....

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.