

S. No. 2
DM-542
v. 5-17-39
I X32873

14007

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAY 15 1944

Registration District No.

Primary Registration District No. 5-033-4019

Registrar's No.

1. PLACE OF DEATH:

(a) County Audrain

(b) City or town Benton City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Benton City, Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether years, months or days) 30 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain

(c) City or town Benton City
(If outside city or town limits, write "RURAL")

(d) Street No. None
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME William W. Weatherford

3. (b) If veteran, name war No

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 7th
year 1944 hour 4:00 minute A. M.

4. Sex MO 5. Color or race W

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Lillian Weatherford

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

7. Birth date of deceased April 2, 1869
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Mar. 31, 1944 to April 6, 1944; that I last saw him alive on April 6, 1944; and that death occurred on the date and hour stated above.

8. AGE: Years 75 Months — Days 5 If less than one day
hr. min.

Immediate cause of death Anoplexy Duration 4 day

Due to Arteriosclerosis

Due to Advanced age

Other conditions Chronic Osteomyelitis of left leg 60 yrs duration

9. Birthplace Lincoln County, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer (retired)

Major findings: Of operations.....
Of autopsy.....
PHYSICIAN
Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business.....

12. Name Hiriam Weatherford

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

14. Maiden name Elizabeth Hudson

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

16. (a) Informant Mrs. Lillian Weatherford

(b) Address Benton City, 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?

17. (a) Burial (b) Date thereof 4/9/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Benton City, Mo.

18. (a) Signature of funeral director Chas. L. ...

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

23. Signature M. B. ... (M. D. or other) D.O.
Address Leddonia, Mo. Date signed 4/17/44

(b) Address Mexico, Missouri

19. (c) Mrs. E. C. ... (b) May E. Jacobs
(Date received local registrar's certificate) (Registrar's signature)

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

1097

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 10

District File Number 5-44-969

Date Filed MAY 12 1944

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 *Wm. A. ...*

Licensed Embalmer No. 35469

P. O. Address *Mexico 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.