

FILED JUN 7 1944
Registration District No. 163

Primary Registration District No. 3031

State File No. _____

Registrar's No. 36

1. PLACE OF DEATH:

(a) County Jefferson

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

(c) Name of hospital or institution: OLIVIA HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 DAY (Specify whether
In this community 9 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson

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

(d) Street No. ✓ (If rural, give location) ✓

(e) Citizen of foreign country? ✓ (Yes or No) ✓
If yes, name country ✓ 0

3. (a) PRINT FULL NAME NANCY F. WEINDELL

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 3
year 1944 hour _____ minute 15 P. M.

4. Sex FEMALE 5. Color or race WHITE

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

6. (b) Name of husband or wife FRANK W. WEINDELL

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased MARCH 8 1878
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan, 1941, to May 1, 1944
that I last saw h. ev alive on May 1, 1944
and that death occurred on the date and hour stated above.

8. AGE: Years 66 Months - Days 25 If less than one day
hr. _____ min. _____

Immediate cause of death Cancer of the rectum with metastases

Due to fracture right hip 4 months

9. Birthplace Calhoun County, Missouri
(City, town, or county) (State or foreign country)

Due to _____

Other conditions None
(Include pregnancy within 3 months of death)

10. Usual occupation Housewife

11. Industry or business Own home

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Frank J. Wendell

(b) Address Herculaneum, Mo

17. (a) Burial (b) Date thereof May 5, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Herculaneum, Mo

18. (a) Signature of funeral director Quincy R. Palitta

(b) Address Crested City, Mo

19. (a) 4-14 (b) John Spencer
(Date received local registrar) (Registrar's signature)

Major findings: all above

Of operations None

Of autopsy None

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 line of place)
Means of injury _____

23. Signature John Spencer (M. D. or other) _____

Address Herculaneum, Mo Date signed 5/4/44

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

RECEIVED

District Health Officer No: 9,

District File Number

Date Filed

6-6-44

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

John R. Polite

Licensed Embalmer No. 3481

P. O. Address Crystal City, Va

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.

Registration District No. 16.3 Primary Registration District No. 3031

1. PLACE OF DEATH:

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

3. (a) PRINT FULL NAME Henry E. Weindell
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____
 7. Birth date of deceased: March 8 (Month) (Day) (Year)

8. AGE: 66 Years 1 Months 3 Days (Unless less than one day) min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
 (Burial, cremation, or removal)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May Day 14 Year 1949 Hour _____ Minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above immediately after death. Cause of death: Cancer of the stomach with metastasis

Due to _____ Duration _____

Due to fracture of right hip

Other conditions: (Include pregnancy within 3 months of death) _____

Major findings: 186a
 Of operations _____
 Of autopsy 18

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

(b) Date of occurrence May 1, 1949

(c) Where did injury occur? Home, Percutaneous Jefferson (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? In home due to fall
 While at work _____ (Specify type of place)
 Means of injury _____

23. Signature Ernest J. Gunn, M.D. (Date received local registrar) (or other) _____

Address Percutaneous, Mo Date signed 6/13/49

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

SUPPLEMENTARY 3

18418