N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 29, 1944

Registration District No. 1944

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20930

Primary Registration District No. 1002

Registrar's No. 2494

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
St. Joseph's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 week 6 days (Specify whether
In this community 1 wk. 6 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cass

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

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

(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME Dortha Louise Weeks

3. (b) If veteran, name war no

3. (c) Social Security No. unk.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Edgar T. Weeks

6. (c) Age of husband or wife if alive 33 years

7. Birth date of deceased September 17, ~~1944~~ 1914
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
29	8	25	hr. min.

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

10. Usual occupation Housewife

11. Industry or business Own Home

FATHER
12. Name James Kellar
13. Birthplace Lancaster, Missouri
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Everil Figge
15. Birthplace Downing, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Edgar T. Weeks
(b) Address Belton, Missouri

17. (a) Burial (b) Date thereof June 13, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation West Union, Mo.

18. (a) Signature of funeral director A. K. George
(b) Address Belton, Missouri

19. (a) 6-12-44 (b) T. E. Brown (NZ)
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 12th
year 1944 hour 2 minute 45 A.M.

21. I hereby certify that I attended the deceased from May 31, 1944 to June 10, 1944
that I last saw h alive on June 10, 1944;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Peritonitis	
Due to Ruptured appendix	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations as above	
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) none
(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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature Vincent Williams M.D. (M. D. or other)
Address 736 Angle Bldg Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 A. K. George

Licensed Embalmer No. 3645

P. O. Address Grandview, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.