

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 23 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22246**
Registrar's No. **200**

Registration District No. **274**

Primary Registration District No. **3052**

1. PLACE OF DEATH:

(a) County **PETTIS**
(b) City or town **SEDALIA**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
M.I.K.T. TRACK BETWEEN 5TH ST. & BROADWAY
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **47 YEARS** (Specify whether
In this community **47 YEARS** (years, months or days)

3. (a) PRINT FULL NAME **WILLIAM C. WEER**

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 **WIDOWED**
6. (b) Name of husband or wife **EMMA** 6. (c) Age of husband or wife if alive **13** years
7. Birth date of deceased **6-13-1869**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 11 22 hr. min.

9. Birthplace **REDDING PENN.**
(City, town, or county) (State or foreign country)

10. Usual occupation **RETIRED**

11. Industry or business **RAILROAD ENGINEER**

12. Name **MARK P. WEER**

13. Birthplace **PHILADELPHIA PENN.**
(City, town, or county) (State or foreign country)

14. Maiden name **MARY THOMPSON**

15. Birthplace **REDDING PENN.**
(City, town, or county) (State or foreign country)

16. (a) Informant **MRS DOROTHY HANKLA**

(b) Address **TULSA, OKLA.**

17. (a) **BURIAL** (b) Date thereof **6-17-1944**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **CROWN HILL CEMETERY**

18. (a) Signature of funeral director **Gillespie**

(b) Address **SEDALIA**

19. (a) **6/17/44** (b) **Mrs Anna Berger**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **PETTIS**
(c) City or town **SEDALIA**
(If outside city or town limits, write "RURAL")
(d) Street No. **416 E. 6TH ST.**
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **15**
year **1944** hour **7:30 A** minute **30 A** M.

21. I hereby certify that I attended the deceased from **June 15**, 19**44**, to **June 15**, 19**44**,
that I last saw him alive on **June 15**, 19**44**,
and that death occurred on the date and hour stated above.

Immediate cause of death **Injury received when run over by the train body cut into 2 by train**
Due to

Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
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:
(c) Accident, suicide, or homicide (specify) **Probably suicide**
(b) Date of occurrence **June 15 - 44**
(c) Where did injury occur? **Sedalia Mo**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
On M.K.T. Rail road track
(Specify type of place) (e) Means of injury
While at work?
23. Signature **Dr J Bishop** (M. D. or other)
Address **Sedalia Mo** Date signed **6-15-44**

RECEIVED

District Month Year No. 6

District File

District Filed

6-22-74

JUN 28 1944

JUL 7 1944

1944

OCT 3 1944

JUN 27 1944

JUN 29 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

L. E. Boulchin

Licensed Embalmer No.

9867

P. O. Address

Sealain 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.