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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 13 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 27825

Registration District No. 133

Primary Registration District No. 3022

Registrar's No. 89

1. PLACE OF DEATH:

(a) County HARRISON

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

(c) Name of hospital or institution:
BETHANY HOSPITAL
(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:

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(a) State MISSOURI (b) County HARRISON

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

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

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME DONALD DOUGLAS WEATHERS

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 SINGLE

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

7. Birth date of deceased 8 (Month) 20 (Day) 1944 (Year)

8. AGE: Years | Months | Days 1 | If less than one day ..... hr. ..... min.

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

10. Usual occupation .....

11. Industry or business .....

FATHER
12. Name DONALD L. WEATHERS
13. Birthplace HARRISON Co. (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name RUTH PARKER
15. Birthplace HARRISON Co. (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Clarence Parker
(b) Address Bethany, Mo.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 8/21/44 (Month) (Day) (Year)
(c) Place: burial or cremation FAIRVIEW CEMETERY

18. (a) Signature of funeral director S. M. Haas
(b) Address Bethany, Mo.

19. (a) Aug. 21-1944 (Date received local registrar) (b) Zola M. Burris (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG. day 21
year 1944 hour ..... minute ..... M.

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

	Duration
Immediate cause of death: Prematurity & Immaturity	
Due to —	
Due to —	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations —	
Of autopsy —	

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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? (Specify type of place)

While at work? ..... (e) Means of injury —

23. Signature H. R. Lydden Jr. (M. D. ~~or other~~)

Address Bethany Mo Date signed 8-21-44

(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 Not Embalmed, Registered Apprentice No. ....., working under my personal supervision.

Signed S. W. Haas

Licensed Embalmer No. 1078

P. O. Address Bethany 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.