

FILED DEC 12 1944

Registration District No. **62**

Primary Registration District No. **5240**

Registrar's No. **4**

1. PLACE OF DEATH:

(a) County **Cedar**
(b) City or town **Caplinger Mills, Mo. Washington**
(c) Name of hospital or institution: **XXX**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **XX** (Specify whether **1**)
In this community **XX**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **CEDAR 20**
(c) City or town **CAPLINGER MILLS, MISSOURI 6**
(If outside city or town limits, write "RURAL")
(d) Street No. **XX** (If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country **XX**

3. (a) PRINT FULL NAME **Elonzo L. Weger**

3. (b) If veteran, name war **XXX** 3. (c) Social Security No. **XX**

4. Sex **Male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Sarah Weger** 6. (c) Age of husband or wife if alive **77** years

7. Birth date of deceased **June 8, 1865**
(Month) (Day) (Year)

8. AGE: Years **79** Months **5** Days **11** If less than one day **XXXXXX** min.
hr.

9. Birthplace **Windsor, Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farming**

11. Industry or business **XXX**

MOTHER FATHER { 12. Name **Jake Weger**

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

14. Maiden name **Nannie Lovins**

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

16. (a) Informant **J. L. E. L. Weger**

(b) Address **Caplinger Mills, Mo.**

17. (a) **Burial** (b) Date thereof **11-22-1944**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Caplinger**

18. (a) Signature of funeral director **CHURCH AND NEALE**
(b) Address **STOCKTON, MISSOURI**

19. (a) **11-29-44** (b) **M. L. Church**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **19**
year **1944** hour **8:** minute **30** P.M.

21. I hereby certify that I attended the deceased from **8.31.44** 19 to **11-1-** 19 **44**
that I last saw him alive on **11-1-** 19 **44**
and that death occurred on the date and hour stated above.

Immediate cause of death **Acute hydrothorax**
Due to **Tuberculosis**

Due to **12C**

Other conditions (includes pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration **6 mo**
month
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 type of place) (e) Means of injury **FD**

23. Signature **Wm. B. Richter** (M.D. or other) **MD**
Address **Stockton, Mo.** Date signed **11-22-44**

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

RECEIVED

Dist. No. 71

Officer No. 71

11-44-1377

12-8-44

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 Melvin Church

Licensed Embalmer No. 3272

P. O. Address Stockton 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.