

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 10 1945

Registration District No. 274

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3052

41857

State File No.

Registrar's No. 403

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: Bothwell Hospital
(If not in hospital or institution, write street number or location) 11 days
(d) Length of stay: In hospital or institution. 42 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Frederick William Weise

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 Betty Weise 6. (c) Age of husband or wife if alive 25 years 1855
7. Birth date of deceased September (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
89 2 12 hr. min.

9. Birthplace Sheboygan Wisconsin
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business

12. Name Weise

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

14. Maiden name

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

16. (a) Informant LeMoyné Weise

(b) Address Sedalia, Missouri

17. (a) Burial (b) Date thereof Dec. 9, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill Cemetery

18. (a) Signature of funeral director McLaughlin Bros.

(b) Address Sedalia, Missouri

19. (a) 12-8-44 (b) Anna Berger
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis 80
(c) City or town Sedalia 6
(If outside city or town limits, write "RURAL")
(d) Street No. 419 E. 13th 4
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 11
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 7 year 1944 hour 11 minute 5 M.

21. I hereby certify that I attended the deceased from Dec 7 to Dec 7, 1944.

that I last saw him alive on Dec 7 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia - hypertensive Duration

Due to Confinement to bed on back

Due to fracture of femur

Other conditions sepsis
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

ADDITIONAL
SUPPLEMENTARY
INFORMATION
REQUESTED

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) 132

(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 work) (e) Means of injury

23. Signature W. D. Smith (M. D. or other) MD

Address Sedalia Mo. Date signed 12-8-44

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 1-5-45

Dr Campbell
11:05 P. M. Dec 2

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 _____

Licensed Embalmer No. 31538

P. O. Address Sedalia 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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSTHE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Jan

Registration District No.

214

Primary Registration District No.

3052

Registrar's No.

402

1. PLACE OF DEATH:

- (a) County Reethia
(b) City or town Sedalia
(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 NAMEFrederick W. Weiss

3. (b) If veteran,

name war

3. (c) Social Security

No.

4. Sex

M5. Color or,
race W6. (a) Single, widowed, married,
divorced. W

6. (b) Name of husband or wife

6. (c) Age of husband or wife if

alive.

7. Birth date of deceased

Sept 25
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

89215

hr. min.

9. Birthplace

(City, town, or county)

(State or foreign country)

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

(Burial, cremation, or removal)

(Month) (Day) (Year)

(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

year

hour

minute

M.

21. I hereby certify that I attended the deceased from

that I last saw him alive on

and that death occurred on the date and hour stated above.

Immediate cause of death

Duration

Due to Pneumonia, hypertensiveDue to Broken hipOther conditions Smoking

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

22. If death was due to external cause, fill in the following:

- (a) Accident, suicide, or homicide (specify)

- (b) Date of occurrence Feb 26th 1944

- (c) Where did injury occur? Home

- (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? Yes (Specify type of place)(e) Means of injury on floor

23. Signature

Address Sedalia, Mo. Date signed 1-16-45

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

S-41857 1944