

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 22 1945
Registration District No. 116

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2156
Registrar's No. 106

1. PLACE OF DEATH:

(a) County Franklin
(b) City or town Washington Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution St. Francis Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 hrs
In this community 52 yrs
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Bert Morley Weatherford

3. (b) If veteran, name war 49207-0187
3. (c) Social Security No. 49207-0187

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Jewell Weatherford
(c) Age of husband or wife if alive 47 years
7. Birth date of deceased 15 47 1891
(Month) (Day) (Year)

8. AGE: Years 53 Months 7 Days 16
If less than one day hr. min.

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

10. Usual occupation Painter

11. Industry or business

12. Name Samuel Weatherford
13. Birthplace Franklin County Mo
(City, town, or county) (State or foreign country)
14. Maiden name Mary Ann Burger
15. Birthplace Franklin County Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Jewell Weatherford
(b) Address St. Clair Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 7 44
(Month) (Day) (Year)

(c) Place: burial or cremation St. Clair Mo

18. (a) Signature of funeral director Casper J. Jensen

(b) Address St. Clair Mo

19. (a) 12/5/44 (Date received local registrar) (b) Luke R. Brooks (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin
(c) City or town St. Clair Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 1st
year 1944 hour 8:30 minute 10 M.

21. I hereby certify that I attended the deceased from Dec 1, 1944 to Dec 1, 1944
that I last saw him alive on Dec 1, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Anterior Hemorrhage
Due to head injury
Due to Resulting from
Basilar Fracture
Due to of the skull

Other condition Due to auto truck
(Include pregnancy within 3 months of death)
Major findings: accident 1/4 mi. west of
Of operations: Willard Road on
Highway 20 & 66
Of autopsy to

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) accident
(b) Date of occurrence Dec 1st 1944
(c) Where did injury occur Willard Road Franklin Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Place

While at work? no (Specify type of place) (e) Means of injury car accident

23. Signature Luke R. Brooks (M. D. or other) MD
Address 2124 K St. Washington Mo Date signed 12-2-44

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

RECEIVED

District Health Officer No. 9

District File Number

Date Filed 1-18-45

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

working under my personal supervision.

Signed

John L. Huebs

Licensed Embalmer No. 3008

P. O. Address

Pacific M

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.