

No. 2
5-43
5-17-39
X3667

State File No. _____

FILED APR 10 1945

Registration District No. _____

Primary Registration District No. 408E5210

Registrar's No. 5

1. PLACE OF DEATH:

(a) County Cannell
(b) City or town Tina RFD Wasson Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: found in Side Ditch of Road 1/2 m
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5th Tina
(Specify whether _____)
In this community Many years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cannell
(c) City or town Tina Missouri RFD
(If outside city or town limits, write "RURAL")
(d) Street No. Rural 17
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME William A. Weidner

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 widowed

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

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 68 Months 2 Days 15 If less than one day hr. min.

9. Birthplace Maryville Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name John A. Weidner

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

14. Maiden name Mary Rogers

15. Birthplace Don't know (City, town, or county) (State or foreign country)

16. (a) Informant Ms Hazel Hayes

(b) Address Tina Missouri

17. (a) Burial (b) Date thereof 3/11/1945 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cannell

18. (a) Signature of funeral director Clifford W. Austin

(b) Address Tina, Mo

19. (a) 3-11-45 (b) Ms Edgar Smith (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 10th year 1945 hour 2:45 minute 0 A. M.

21. I hereby certify that I attended the deceased from Cannell Call to 3/10 1945;

that I last saw h _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Duration _____

Due to Arteriosclerosis of coronary Arteries

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:

(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 Coroner

23. Signature Charles R. Rutt (M.D. or other) _____

Address Cannell, Mo Date signed 3/10/45

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

MOTHER FATHER

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.....

Body Not Embalmed.

....., Registered Apprentice No.....

working under my personal supervision

Signed.....

Clyde W. Austin

Licensed Embalmer No. *3233*

P. O. Address..... *Jena, Missouri*

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.