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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 10038

FILED APR 6 1945

Registration District No. 172

Primary Registration District No. 5641

Registrar's No. 11

1. PLACE OF DEATH:

(a) County Lafayette

(b) City or town Grand Pass (rural) Dover Twp
(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 73 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette 54

(c) City or town Grand Pass Mo. (rural) 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? No --- 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Alma Doris Weddle.

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 Married

6. (b) Name of husband or wife Anna Belle Weddle

6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased Dec. (Month) 22 (Day) 1864 (Year)

8. AGE:

Years	Months	Days	If less than one day
80	2	15	hr. min.

9. Birthplace Virginia / (City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business

FATHER
12. Name Elizah Weddle /
13. Birthplace Virginia (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Jane Stigleman
15. Birthplace Virginia / (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Myrtle DeMoss

(b) Address Grand Pass Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3- 10-45 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Nebo Cemetery.

18. (a) Signature of funeral director Marshall Funeral Home

(b) Address Carrollton Mo.

19. (a) 3-10-1945 (Date received local registrar) (b) Dr. W. A. Braecklein (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 7th, year 1945 hour 10:50 minute 50 A.M.

21. I hereby certify that I attended the deceased from 1 - 4 - 1945 to 3 - 7 - 1945 that I last saw him alive on 3 - 7 - 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardio Vascular Renal disease	2 yrs
Due to	
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Geo A Kelling (M. D. ~~or other~~)

Address Waverly Mo Date signed 3-10 45

1189

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,

District File Number .....

Date Filed 4/5/45

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 myself

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

working under my personal supervision.

Signed P. M. Marshall

Licensed Embalmer No. 2525

P. O. Address Carrollton 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.