

FILED APR 9 1945

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

10926

1. PLACE OF DEATH

County Worth
Township West Union
City Sheridan Mo (No. _____)Registration District No. 374
Primary Registration District No. 6276File No. _____
Registered No. _____
St. _____ Ward _____2. FULL NAME William B Weese(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Clara Weese6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 20 - 18717. AGE YEARS 73 MONTHS 6 DAYS 20 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired farmer9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. " farmer10. Date deceased last worked at this occupation (month and year) 2 years ago 11. Total time (years) spent in this occupation 7112. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Worth County13. NAME Zennis P Weese14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee15. MAIDEN NAME Narcisis Ray16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Worth County17. INFORMANT (ADDRESS) Clara Weese

18. BURIAL, CREMATION, OR REMOVAL

PLACE Shadysburg DATE Feb 12, 194519. UNDERTAKER (ADDRESS) John Andrews Jr20. FILED Mar 3, 1945 Mayne Rinehart Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-10-4522. I HEREBY CERTIFY, That I attended deceased from June, 1943, to 2-10, 1945.I last saw him alive on 2-9, 1945. Death is saidto have occurred on the date stated above, at 209.

The principal cause of death and related causes of importance were as follows:

Embolism cerebral Date of onset 1.2.45

Other contributory causes of importance:

Hypertensive heart diseaseName of operation 930 Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury KNature of injury K

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) St Louis MO M. D.(Address) St Louis MO

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SEP 24 1941

Statement of License Embalmer

I hereby certify that the body whose name
is recorded on the reverse side of this certificate
was embalmed by me John Andrews Jr.

License No 4211

Grant City Mo.