

FILED MAY 16 1945

Registration District No. _____

Primary Registration District No. 4014

Registrar's No. 27 16

1. PLACE OF DEATH:

(a) County Atchison
(b) City or town Fairfax
(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 61 yrs years, months or days

3. (a) PRINT FULL NAME ELIZABETH ANN WEEDIN

3. (b) If veteran, name war _____
3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mr. E. B. Weedin 6. (c) Age of husband or wife if alive 81 years
7. Birth date of deceased March 26 1868
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace Brown Co. Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

12. Name John M. Daniel

13. Birthplace Brown Co. Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Catherine Thaddus

15. Birthplace Brown Co. Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Lillian Weedin

(b) Address Fairfax, Missouri

17. (a) Buried (b) Date thereof 4/26/45
(Burial, cremation or removal) (Month) (Day) (Year)

(c) Place: burial or cremation English Grove Cemetery

18. (a) Signature of funeral director Thomas H. Schaefer

(b) Address Fairfax, Missouri

19. (a) 4-24-45 (b) Mrs. H. D. Cunningham
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Atchison
(c) City or town Fairfax ?
(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 APRIL day 24
year 1945 hour 4 minute 15 P. M.

21. I hereby certify that I attended the deceased from Jan 18 1940 to APRIL 24 1945
and that death occurred on the date and hour stated above.

Immediate cause of death CEREBRAL HEMORRHAGE Duration 5 MIN.

Due to HYPER TENSION AND CEREBRAL HEMORRHAGE 12 YRS

Due to _____
Other conditions PYELITIS 3 WKS
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations § 30
Of autopsy _____
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)
23. Signature Marvin J. McDaniel
Address Fairfax, Mo. Date signed 4-26-45

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

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 Marvin H. Scholes
Licensed Embalmer No. 4162
P. O. Address Fairfax, Va.

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.