S. No. 2
M—5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 14 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 17389

Registration District No. 1845 Primary Registration District No. 5-6-9-2 4301 Registrar's No. 11

1. PLACE OF DEATH:

(a) County: Linn

(b) City or town: Meadville Parson Creek 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 years, months or days)

In this community: All life

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Linn

(c) City or town: Meadville
(If outside city or town limits, write "RURAL")

(d) Street No.: Route 2
(If rural, give location)

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

If yes, name country:

3. (a) PRINT FULL NAME: Thomas Ronald Weitzel

3. (b) If veteran, name war: —

3. (c) Social Security No.: —

4. Sex: male 0

5. Color or race: white

6. (a) Single, widowed, married, divorced: Single

6. (b) Name of husband or wife: —

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

7. Birth date of deceased: March (Month) 14 (Day) 1944 (Year)

8. AGE: Years 1 Months 2 Days 2 If less than one day: hr. min.

9. Birthplace: Meadville Linn Co (City, town, or county) Missouri (State or foreign country)

10. Usual occupation:

11. Industry or business:

MOTHER FATHER

12. Name: William Howard Weitzel

13. Birthplace: Redding (City, town, or county) Penn (State or foreign country)

14. Maiden name: Dicy S. Wihart

15. Birthplace: (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant: William H Weitzel

(b) Address: Meadville R 2

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: May 17 1945 (Month) (Day) (Year)

(c) Place: burial or cremation: Meadville cemetery

18. (a) Signature of funeral director: Smiley Funeral Home

(b) Address: Wheeling Mo

19. (a) May 17-1945 (Date received local registrar) (b) Mrs. Vura Rowland. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 16 year 1945 hour 3 minute 30 A.M.

21. I hereby certify that I attended the deceased from MAY 16, 1945, to MAY 16, 1945; that I last saw him alive on MAY 16, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Lobar Pneumonia	
Measles	
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: 35	
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: 2

23. Signature: S. H. Hanson (M. D. or other) D.O.

Address: Meadville Mo Date signed 5-17-45

454 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 11
District File Number
Date Filed

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 self

, Registered Apprentice No. ,

working under my personal supervision.

Signed Frank L. Smiley

Licensed Embalmer No. 470

P. O. Address Wheeling 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.