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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **20380**

**FILED** JUL 28 1945

Registration District No. \_\_\_\_\_

Primary Registration District No. **2000**

Registrar's No. **505**

**1. PLACE OF DEATH:**  
(a) County **GREENE**  
(b) City or town **Springfield Mo**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution **1951 N Jefferson**  
(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

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State **Missouri** (b) County **Greene**  
(c) City or town **Springfield, Mo**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **1951 N. Jefferson**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** **Harry Weston**  
(b) If veteran, name war **NO**  
(c) Social Security No. **UNK.**

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month **June** day **24**  
year **1945** hour **6** minute **30 P. M.**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **single**  
6. (b) Name of husband or wife **No wife** 6. (c) Age of husband or wife if alive **XX** years  
7. Birth date of deceased **July 27, 1884**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **6-11-45** 19\_\_\_\_ to **6-24-45** 19\_\_\_\_;  
that I last saw him alive on **6-24-45** 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

**8. AGE:** Years **60** Months **10** Days **27** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death **Pernicious Anemia** **6 mo.**  
Duration

9. Birthplace **Pulaski Co. Mo.**  
(City, town, or county) (State or foreign country)

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

10. Usual occupation **Drone worker**

Other conditions (include pregnancy within 3 months of death) **None**

11. Industry or business \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
**PHYSICIAN**  
Underline the cause to which death should be charged statistically.

**MOTHER FATHER**  
12. Name **Charlie Weston**  
13. Birthplace **Stamper, Mo.**  
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Hatte**  
15. Birthplace **unk. Mo**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mary Weston**  
(b) Address **Nichols, Mo.**

17. (a) **Burial** (b) Date thereof **6-26-45**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Hazelwood**

**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? \_\_\_\_\_

18. (a) Signature of funeral director **Fred C. Menie**  
(b) Address **1102 Boonville Ave., Spfld. Mo.**

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury **C**  
23. Signature **[Signature]** (M. D. or other) \_\_\_\_\_  
Address **Springfield, Mo.** Date signed \_\_\_\_\_

19. (a) **6-26-45** (b) **W. H. Handley**  
(Date received local registrar) (Registrar's signature)

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

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**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.....

*Fred C Thieme*

Licensed Embalmer No. *2899*

P. O. Address *Springfield, 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.**