. S. No. 2
DM—5-42
ev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30648

FILED OCT 8 1945

Registration District No. 382 Primary Registration District No. 5545 Registrar's No. 1

1. PLACE OF DEATH:
(a) County HOWARD
(b) City or town CHARITON TWP RURAL
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... In this community 63 yrs 1 mo 9 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Howard
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 4 1/2 miles N.E. Glasgow
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME WILLIAM M. WEBER
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 Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased JULY (Month) 25 (Day) 1882 (Year)

8. AGE: Years 63 Months 1 Days 9 If less than one day hr. min.

9. Birthplace CHARITON Co. MO. (City, town, or county) (State or foreign country)
10. Usual occupation FARMER
11. Industry or business FARM
FATHER 12. Name WILLIAM WEBER
13. Birthplace WASHINGTON MO. (City, town, or country) (State or foreign country)
MOTHER 14. Maiden name ANNA FLASPOHLER
15. Birthplace GERMANY (City, town, or country) (State or foreign country)
16. (a) Informant John Weber
(b) Address Glasgow MO
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 6, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Glasgow MO
18. (a) Signature of funeral director Audsley-Fremouth
(b) Address Glasgow MO
19. (a) 9-5-45 (Date received local registrar) (b) Joe Henry (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 3 year 1945 hour ..... minute ..... M.
21. I hereby certify that I attended the deceased from 9-3-45 to 9-3-45 19..... ; that I last saw him alive on 9-3-45 19..... ; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Thrombosis	1 day
Due to Heat Exhaustion	1 day
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 Ira Bloom (Coroner) M. D. or other
Address Fayette Mo Date signed 9-3-45

1455 (Licensed Embalmer's Statement on Reverse Side)

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 J. Walker Audsley

Licensed Embalmer No. 3330

P. O. Address Glasgow 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.