V. S. No. 2
OM—9-4-41
Rev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED JAN 2 1946

State File No. 41043

Registration District No. 5-3-3-6-92 Primary Registration District No. -925335 Registrar's No.

1. PLACE OF DEATH:

(a) County Dade

(b) City or town Marion Township (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 55 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dade 24

(c) City or town Lockwood, Rural (If outside city or town limits, write "RURAL")

(d) Street No. RTE 1 (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Arthur Weissenfluh

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M 0

5. Color or race White

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

6. (b) Name of husband or wife Katie Weissenfluh

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased Sept. (Month) 27 (Day) 1878 (Year)

8. AGE: Years 67 Months x Days 26 If less than one day hr. min.

9. Birthplace Zurich Switzerland (City, town, or county) (State or foreign country) 5

10. Usual occupation Retired Farmer

11. Industry or business

FATHER
12. Name Henry Weissenfluh
13. Birthplace Switzerland (City, town, or county) (State or foreign country) 5

MOTHER
14. Maiden name Bertha Schiller
15. Birthplace Switzerland (City, town, or county) (State or foreign country) 5

16. (a) Informant Mrs Katie Weissenfluh

(b) Address Lockwood, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Oct. (Month) 26 (Day) 1945 (Year)

(c) Place: burial or cremation Lockwood

18. (a) Signature of funeral director Day Caldwell

(b) Address Lockwood, Mo.

19. (a) 10-28 (Date received local registrar) (b) M B Bird (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct 23 day 23 year 1945 hour about 12:00 minute Noon M.

21. I hereby certify that I attended the deceased from View Inquest, 19; that I last saw him alive on 19; and that death occurred on the date and hour stated above.

Immediate cause of death Hemiplegia anterior Cerebral

Due to Cardiac disease

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy no

Duration

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 T. J. Driedel Coroner (M. D. or other)

Address Date signed

1402 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
District File Number 1245-1106
Date Filed 12-26-45

JAN 7 1946

NOV 17 1964

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 E. Ray Caldwell

Licensed Embalmer No. 3380

P. O. Address Lockwood 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.