S. No. 2
M—8-43
5-17-39
PI X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 29 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 42643

Registration District No. 337 Primary Registration District No. 4499 Registrar's No. 82

1. PLACE OF DEATH:

(a) County Shelby
(b) City or town Shelbina
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Simpson Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 Months (Specify whether
In this community 25 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shelby 102
(c) City or town Shelbina 2
(If outside city or town limits, write "RURAL") 0
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME George Samuel Weatherford
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 Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March (Month) 28th (Day) 1875 (Year)

8. AGE:	Years	Months	Days	If less than one day
	70	7	24	hr. min.

9. Birthplace Shelby Co (City, town, or county) Mo (State or foreign country)
10. Usual occupation Retired
11. Industry or business Plasterer
FATHER
12. Name Joseph Weatherford
13. Birthplace Shelby Co (City, town, or county) Mo 0 (State or foreign country)
MOTHER
14. Maiden name Martha Crow
15. Birthplace Shelby Co (City, town, or county) Mo 0 (State or foreign country)
16. (a) Informant Ralph Weatherford
(b) Address Shelbina Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/24/45. (Month) (Day) (Year)
(c) Place: burial or cremation Shelbina Mo
18. (a) Signature of funeral director Million & Barkelew
(b) Address Shelbina Mo
19. (a) Dec 4-45 (Date received local registrar) (b) Ruth Joyner (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 22nd year 1945 hour 12 minute 20 A M.
21. I hereby certify that I attended the deceased from April, 1945, to Nov 22, 1945; that I last saw him alive on Nov 22, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Thrombosis of Mesenteric	48 hr
Due to Vessels	
Due to Hypothension	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

99.1

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 S. L. Simpson (M. D. or other) DO
Address Shelbina Mo Date signed Dec. 2 1945

1547 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 12-45-1909
Date Filed DEC 20 1945

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 Henry C Barkelew

Licensed Embalmer No. 3835

P. O. Address Shelburne Wis

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.