

FILED FEB 15 1946

Registration District No. 257

Primary Registration District No. 8048

1. PLACE OF DEATH:
(a) County Nodaway
(b) City or town Maryville
(c) Name of hospital or institution: St. Francis Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
In this community 12 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Nancy Anna Weese
(b) If veteran, no
(c) Social Security name war none

4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife John A. Weese
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March 6, 1864
(Month) (Day) (Year)

8. AGE: 81 Years, 10 Months, 19 Days
If less than one day hr. min.

9. Birthplace Nodaway County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business Hamilton Parker

12. Name Hamilton Parker

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Mrs. Mike Bowman
(City, town, or county) (State or foreign country)

16. (a) Informant Maryville, Mo.
(b) Address

17. (a) Burial
(Burial, cremation, or removal) (b) Date thereof 1-28-46
(Month) (Day) (Year)

(c) Place: burial or cremation St. Columbia Cemetery

18. (a) Signature of funeral director Price Funeral Home
(b) Address Maryville, Mo.

19. (a) Jan 30 (b) Bess Holt
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Nodaway
(c) City or town Maryville - rural
(If outside city or town limits, write "RURAL")
(d) Street No. 5 miles west
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 25
year 1946 hour 12 minute 30 A.

21. I hereby certify that I attended the deceased from Jan 17 to Jan 25, 1946
that I last saw him alive on Jan 24, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death: Lobes pneumonia
Lower left lobe
Due to

Due to

Other conditions: pneumonia
(Include pregnancy within 3 months of death)

Major findings: pneumonia
Of operations

Of autopsy: none

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature R. E. Tupper (M. D. or other)

Address Maryville, Mo. Date signed 1/28/46

DISTRICT HEALTH OFFICE
Cameron, Mo.

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.....

Licensed Embalmer No. *4281*

P. O. Address. *Maryville 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.