

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4716**
Registrar's No. **229**

FILED MAR 8 1946

Registration District No. **42** Primary Registration District No. **5134**

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town Rural #4, Washington Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Highway #169 & 71 St. Joseph
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Not
In this community About 35 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town Rural #4
(If outside city or town limits, write "RURAL")

(d) Street No. Highway 169 & 71 Junction
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Fred Cobert Weldon

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Waive L. Weldon 6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased August 11 1881
(Month) (Day) (Year)

8. AGE: Years 64 Months 6 Days 9 If less than one day _____ hr. _____ min.

9. Birthplace Mc'Fall Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Filling Station Operator

11. Industry or business _____

12. Name Charles L. Weldon

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

14. Maiden name Frances Orr

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

16. (a) Informant Waive L. Weldon

(b) Address R.R. #4, St. Joseph, Missouri.

17. (a) Removal (b) Date thereof 2/22/1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maysville, Missouri

18. (a) Signature of funeral director Walter Meierhoffer

(b) Address 1302 Faraon St. St. Joseph, Missouri.

19. (a) Feb. 26, 1946 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month February day 20th. year 1946 hour 10 minute 05 P. M.

21. I hereby certify that I attended the deceased from Nov. 10 1945 to Feb 20 1946 that I last saw him alive on Nov. 10 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to Coronary disease

Due to Hypertension

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy [Signature]

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 [Signature] (M. D. or other) _____
Address [Signature] Date signed 2/20/46

Duration 4 hours

2 hrs

?

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

3740

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 *Robert C. Harrington*

Licensed Embalmer No. 3258 Missouri

P. O. Address St. Joseph, Missouri.

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.

DEC 16 1948