

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

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
FILED MAR 12 1946 STANDARD CERTIFICATE OF DEATH

State File No. **5168**

Registration District No. **116** Primary Registration District No. **3020** Registrar's No. **21**

1. PLACE OF DEATH:
(a) County **Franklin**
(b) City or town **Washington**
(If outside city or town limits, give "RURAL" and name of township)
(c) Name of hospital or institution: **320 Oak St.**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **none** (Specify whether)
In this community **7 years** (years, months or days)

3. (a) PRINT FULL NAME **ELIZABETH CLARA WEBER**
3. (b) If veteran, name war **none** 3. (c) Social Security No. **none**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **William John Weber** 6. (c) Age of husband or wife if alive **7** years
7. Birth date of deceased **Sept. 7 1872**
(Month) (Day) (Year)

8. AGE: Years **73** Months **5** Days **7** If less than one day hr. min.

9. Birthplace **Krakow** **Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Home**

11. Industry or business **Crown Home**

MOTHER FATHER

12. Name **Henry Toben**

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

14. Maiden name **Elizabeth Reuber**

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

16. (a) Informant **Gilbert Weber**

(b) Address **Washington, Mo. R. 1 E.**

17. (c) **Burial** (b) Date thereof **Feb. 18, 1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Krakow, Mo.**

18. (a) Signature of funeral director **Hieburg & Vitt, Inc.**

(b) Address **Washington, Missouri**

19. (a) **2/15/46** (Date received local registrar) **[Signature]** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Franklin**
(c) City or town **Washington**
(If outside the city or town limits, write "RURAL")
(d) Street No. **320 Oak St.**
(If rural, give location)
(e) Citizen of foreign country? **✓ No** (Yes or No)
If yes, name country **✓**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **February** day **14**
year **1946** hour **6** minute **00 P.** M.

21. I hereby certify that I attended the deceased from **Jan 3, 1946**
to **Feb 14, 1946**
that I last saw him alive on **Feb 14, 1946**
and that death occurred on the date and hour stated above

Immediate cause of death **Coronary thrombosis** Duration

Due to **Chr. valvular heart disease**

Due to **nephritis**

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

**ADDITIONAL
SUPPLEMENTARY
INFORMATION
REQUESTED**

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external cause, 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 **L. E. Muench** (M. D. or other) **M.D.**
Address **Washington, Mo.** Date signed **2/15/46**

L. E. Muench

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 3-9-46

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.....

Lester A. Vitt

Licensed Embalmer No. 3254

P. O. Address. Washington, 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.

Registrar's No. 27

Address Washington, D.C. Date signed 2/17/71

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