

**FILED** APR 15 1946

Registration District No. 5

Primary Registration District No. 4014

Registrar's No. 7

1. PLACE OF DEATH:

(a) County Atchison  
(b) City or town Fairfax  
(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 77 yrs  
years, months or days)

3. (a) PRINT FULL NAME EDWARD BROWN WEE DIN

3. (b) If veteran, name war  3. (c) Social Security No.

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased July 17 1863  
(Month) (Day) (Year)

8. AGE: Years 82 Months 8 Days 1 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Saline County Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired farmer

11. Industry or business Farm

12. Name Henry R. Weedon

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

14. Maiden name Mary Catherine Hallaway

15. Birthplace Saline Co. Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant R. L. Weedon

(b) Address Fairfax Mo 3/15/46

17. (a) Burial (b) Date thereof 3/15/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation English Grove Cemetery

18. (a) Signature of funeral director Madison N. Schaefer

(b) Address Fairfax Mo

19. (a) 3-14-46 (b) Mrs. H. D. Cunningham  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Atchison  
(c) City or town Fairfax  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 13  
year 1946 hour 11 minute 30 A.M.

21. I hereby certify that I attended the deceased from SEPT 29 1935 to MARCH 13 1946  
that I last saw him alive on MARCH 13 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death ACUTE MYOCARDIAL DECOMPENSATION Duration 3 HRS.

Due to CHRONIC MYOCARDIITIS 5 YRS.

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations g30 Of autopsy \_\_\_\_\_  
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?

While at work? \_\_\_\_\_ (Specify type of place) (d) Means of injury 2  
23. Signature Marvin T. McDonald (M. Doer other) MD  
Address Fairfax Mo Date signed 3-13-46

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

7330

**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 Marvin H. Schaefer  
Licensed Embalmer No. 4167  
P. O. Address Fairfax, 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.**