

State File No. \_\_\_\_\_

FILED JUN 13 1946

Registration District No. 133Primary Registration District No. 3022Registrar's No. 61

## 1. PLACE OF DEATH:

(a) County HARRISON  
 (b) City or town BETHANY  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 1  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
 In this community \_\_\_\_\_  
 years, months or days

3. (a) PRINT FULL NAME MARY ANN WEBER

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

4. Sex F / 5. Color or race W 6. (a) Single, widowed, married, divorced WIDOWED6. (b) Name of husband or wife JOE E. 6. (c) Age of husband or wife if alive \_\_\_\_\_ years7. Birth date of deceased: 2 / 13 / 1868  
(Month) (Day) (Year)8. AGE: Years 78 Months 2 Days 29 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.9. Birthplace HARRISON Co., Mo.  
(City, town, or county) (State or foreign country)10. Usual occupation Housewife11. Industry or business Home12. Name ANDREW J. FULLER13. Birthplace HARRISON Co., Mo.  
(City, town, or county) (State or foreign country)14. Maiden name IRENE H. FORD15. Birthplace DAVISS Co., Mo.  
(City, town, or county) (State or foreign country)16. (a) Informant Florence Sanders(b) Address Bethany, Mo.17. (c) BURIAL (b) Date thereof 5/15/46  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Bethany, Mo.18. (a) Signature of funeral director Thomson H. Haas(b) Address Bethany, Mo.19. (a) May 16 1946 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County HARRISON  
 (c) City or town BETHANY  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) Citizen of foreign country? No. (Yes or No)  
 If yes, name country \_\_\_\_\_

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 12  
year 1946 hour 7 minute P.M.21. I hereby certify that I attended the deceased from Dec 19, 1945, to May 12, 1946;  
that I last saw her alive on May 12, 1946;  
and that death occurred on the date and hour stated above.Immediate cause of death Chronic Myocarditis - Duration 5

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

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

Other conditions 2  
(Include pregnancy within 3 months of death)Major findings:  
Of operations: 930Of autopsy no

## 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) Means of injury \_\_\_\_\_

23. Signature W.A. Broyles (M. D. or other) \_\_\_\_\_Address Bethany, Missouri Date signed May 15 1946

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..... *Thomton H. Hoas*.....

Licensed Embalmer No. *2861*.....

P. O. Address..... *Bethany, Mo.*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

2B  
-45  
4388D

State File No. Jan 8

Registration District No. 123

Primary Registration District No. 2022

Registrar's No. 61

**1. PLACE OF DEATH:** Harrison

(a) County.....  
 (b) City or town..... Bethany  
 (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.....  
 years, months or days)

**3. (a) PRINT FULL NAME** Mary A. Weber

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced wid

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

7. Birth date of deceased Feb 13  
 (Month) (Day) (Year)

**AGE:** Years 78 Months Days If less than one day  
 hr. min.

9. Birthplace MO  
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

**MOTHER FATHER**

12. Name.....  
 13. Birthplace..... (City, town, or county) (State or foreign country)  
 14. Maiden name.....  
 15. Birthplace..... (City, town, or county) (State or foreign country)

16. Informant.....  
 (a) Address..... (b) Date thereof..... (Month) (Day) (Year)

17. (a) Signature of funeral director..... (b) Date thereof..... (Month) (Day) (Year)

18. (a) Address..... (b) Address.....

19. (a) (Date received local registrar) (b) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State..... (b) County.....  
 (c) City or town..... (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 Mar Day 2  
 year..... hour..... minute..... M.

21. I hereby certify that I attended the deceased from..... to....., 19.....  
 that I last saw him..... alive on....., 19.....  
 and that death occurred on the date and hour stated above.  
 Immediate cause of death.....

Due to.....  
 Due to.....

Other conditions (Include pregnancy within 3 months of death)

**PHYSICIAN**  
 Major findings:  
 Of operations.....  
 Of autopsy.....

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) (e) Means of injury.....

23. Signature..... (M. D. or other)  
 Address..... Date signed.....

WRITE PLAINLY—USE UNFADING INK—MAKE A PERMANENT RECORD

SUPPLEMENTARY

16438

Handwritten text, possibly a signature or date, located in the lower center of the page.