S. No. 2
M—5-43
v. 5-17-39
I X36671

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

16275

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 12 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 17394

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 189

1. PLACE OF DEATH:

(a) County Marion

(b) City or town Hannibal
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Levering Hospital 6
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion 64

(c) City or town Hannibal 3
(If outside city or town limits, write "RURAL")

(d) Street No. 2700 Market St. 4
(If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No)

If yes, name country ———

3. (a) PRINT FULL NAME ~~Baby~~ Infant Son of Donald & Nettie Weiss

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 single

6. (b) Name of husband or wife ———

6. (c) Age of husband or wife if alive ——— years

7. Birth date of deceased May (Month) 16 (Day) 1946 (Year)

8. AGE:

Years	Months	Days	If less than one day
0	0	1	— hr. — min.

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

10. Usual occupation ———

11. Industry or business ———

FATHER
12. Name Donald Weiss
13. Birthplace Bluffs (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Nettie Dillman
15. Birthplace Hannibal (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Donald Weiss
(b) Address 2700 Market, Hannibal, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 18, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Grand View Burial Park

18. (a) Signature of funeral director Roy P. Schwartz
(b) Address 1000 Broadway, Hannibal, Mo.

19. (a) 5-23-46 (Date received local registrar) (b) Dr E. M. Lucke (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17
year 1946 hour 8 minute 30 A. M.

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

Immediate cause of death Premature

Due to ———

Due to ———

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

Major findings:
Of operations ———
Of autopsy ———

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Duration

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? ——— (Specify type of place)

While at work? ——— (e) Means of injury ———

23. Signature [signature] (M. D. or other)

Address Hannibal Mo Date signed May 21 46

189 (Licensed Embalmer's Statement on Reverse Side)

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 George T. Bond

Licensed Embalmer No. 4373

P. O. Address Hannibal - 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.