

**FILED** MAY 27 1946

Primary Registration District No. 4499

Registrar's No. 40

1. PLACE OF DEATH:  
 (a) County Shelby County  
 (b) City or town Shelbina, Mo.  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: None  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution Entire life (Specify whether years, months or days)

3. (a) PRINT FULL NAME James T. Weeden  
 (b) If veteran, name war X  
 (c) Social Security No. X

4. Sex Male  
 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married  
 (b) Name of husband or wife Cora D.  
 (c) Age of husband or wife if alive 64 years  
 7. Birth date of deceased May 17th 1878  
 (Month) (Day) (Year)

8. AGE: Years 67 Months 10 Days 29  
 If less than one day hr. min.

9. Birthplace Oceola Missouri  
 (City, town, or county) (State or foreign country)  
Rtr. Farmer

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
 12. Name Taylor Weeden  
 13. Birthplace Missouri  
 14. Maiden name Harriet Gardner  
 15. Birthplace Oceola Missouri  
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Cora Weeden  
 (b) Address Shelbina, Missouri

17. (a) Burial (b) Date thereof 4-18-1946  
 (Burial, or other) (Month) (Day) (Year)

(c) Place: burial or cremation Shelbina, Mo.  
Million & Barkelew  
 (d) Signature of funeral director Shelbina, Missouri

(e) Address \_\_\_\_\_  
 19. (a) May 4-46 (b) Ruth Jaeger  
 (Date recorded local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Shelby  
 (c) City or town Shelbina  
 (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 April day 16th  
 year 1946 hour 8 minute 30aa

21. I hereby certify that I attended the deceased from 4-8-46 19. to 4-18-46 19.  
 that I last saw him alive on 4-18-46 19.  
 and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

Other conditions Hypertension  
 (Include pregnancy within 3 months of death) 10 yrs

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy gth

Duration 4 yrs  
 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)  
 (e) Means of injury 0

23. Signature A. M. Hood (M. D. or other)  
 Address Shelbina mo. Date signed 5-1-46

WRITE PLAINLY—USE UNFADING INK—MAKE A PERMANENT RECORD

194

RECEIVED  
District Health Officer No. 10  
District File Number 5-46-1039  
Date Filed MAY-23-1946

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..... *W. Hawkins*  
.....  
Licensed Embalmer No. 3498  
P. O. Address..... *Shelburne N.H.*

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.