No. 2
—8-43
5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22609

FILED JUL 25 1946

Registration District No. 10

Primary Registration District No. 3002

Registrar's No. 92

1. PLACE OF DEATH:

(a) County Audrain

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

(c) Name of hospital or institution: Audrain Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether

In this community 40 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain

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

(d) Street No. 503 E. Monroe St. (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Ward Walter Weatherald

3. (b) If veteran, name war None

3. (c) Social Security No. Unknown

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ada F. Weatherald

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased August 12, 1878 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
67	10	25	hr. min.

9. Birthplace Boone County, Indiana (City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business

FATHER
12. Name John T. Weatherald
13. Birthplace (City, town, or county) Ind. (State or foreign country)

MOTHER
14. Maiden name Hannah Maroney
15. Birthplace (City, town, or county) Ind. (State or foreign country)

16. (a) Informant Mrs. Ada Weatherald

(b) Address Mexico, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 9, 46 (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood, Mexico, Mo.

18. (a) Signature of funeral director Earl E. Pruitt

(b) Address Mexico, Mo.

19. (a) July 9-1946 (Date received local registrar) (b) Blanche Neely (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7 year 1946 hour 9 minute 15 A M.

21. I hereby certify that I attended the deceased from June 11, 1946, to July 7, 1946; that I last saw him alive on July 6, 1946; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary Emphysema	10 yrs
Due to	
Due to	
Other conditions: Chronic Myocarditis (Include pregnancy within 3 months of death)	10 yrs

Major findings:
Of operations
Of autopsy

93

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 O. L. Garcia (M. D. or other)

Address 203 E. Jackson Mexico Mo. Date signed July 8 1946

9

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 7-46-1427
Date Filed JUL 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 Earl E. Precht, Registered Apprentice No. ____, working under my personal supervision.

Signed Earl E. Precht

Licensed Embalmer No. 3189

P. O. Address Mexico, 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.