

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED SEP 10 1946

State File No. \_\_\_\_\_  
Registrar's No. 52

Registration District No. \_\_\_\_\_ Primary Registration District No. 5286

1. PLACE OF DEATH:  
(a) County Clark  
(b) City or town Luray, Wyandotte Co.  
(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 \_\_\_\_\_  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Clark  
(c) City or town Luray, Wyandotte Co.  
(d) Street No. \_\_\_\_\_  
(e) Citizen of foreign country? No  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Signora Belle Weaver  
(b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Aug, day 21, year 1946 hour 6 minute 05 P.M.  
21. I hereby certify that I attended the deceased from Aug 20, 1946 to Aug 24, 1946 that I last saw her alive on Aug 21 and that death occurred on the date and hour stated above.

4. Sex female 5. Color or race white  
6. (a) Single, widowed, married, divorced married  
(b) Name of husband or wife Chas. Hauer (c) Age of husband or wife if alive 74 years  
7. Birth date of deceased April 1 1870  
(Month) (Day) (Year)

Immediate cause of death Myocarditis  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

8. AGE: Years Months Days If less than one day  
76 4 20 hr. \_\_\_\_\_ min.

9. Birthplace Luray, Missouri  
10. Usual occupation housekeeping  
11. Industry or business \_\_\_\_\_  
12. Name H. M. Doughterman  
13. Birthplace Wichita, Kansas  
14. Maiden name E. Liza Chapman  
15. Birthplace Wichita, Kansas

Major findings: 93%  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

16. (a) Informant Chas. Hauer  
(b) Address Luray, Mo.  
17. (a) Burial (b) Date thereof Aug 23 1946  
(c) Place: burial or cremation Cambis Cem. Luray, Mo.  
18. (c) Signature of funeral director Hutterig, Wied  
(b) Address Kahoka, Mo.  
19. (a) 8-31-46 (b) J. R. ...  
(Date received local registrar) (Registrar's signature)

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? \_\_\_\_\_  
(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 C. F. Hutchinson D. or other Do.  
Address Wyandotte, Mo. Date Aug 20 1946

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

25403

RECEIVED  
District Health Officer No. 10  
District File Number 9-46-1640  
Date Filed SEP 7 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 Oli P. Lutting

Licensed Embalmer No. 2965

P. O. Address Lurray 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.