S. No. 2
OM—5-43
v. 5-17-39
I X36671

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

31406

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 24 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 32638

Registration District No. 13 Primary Registration District No. 3003 Registrar's No. 77

1. PLACE OF DEATH:

(a) County Barry
(b) City or town Monett
(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 Entire Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry 5
(c) City or town Monett 2
(If outside city or town limits, write "RURAL")
(d) Street No. 1
(If rural, give location)
(e) Citizen of foreign country? 8 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Robert Eugene Weston
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race W
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 Mar (Month) 17 (Day) 1929 (Year)

8. AGE: Years	Months	Days	If less than one day
17	6	20	hr. min.

9. Birthplace Barry Co. (City, town, or county) Mo (State or foreign country)
10. Usual occupation None
11. Industry or business
FATHER
12. Name Thomas Weston
13. Birthplace Barry Co. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Willa Haverton
15. Birthplace Barry Co (City, town, or county) Mo. (State or foreign country)
16. (a) Informant Thomas Weston
(b) Address Monett Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct (Month) 9 (Day) 1946 (Year)
(c) Place: burial or cremation Monett 200 F. Dem.
18. (a) Signature of funeral director Culver Funeral Home
(b) Address Cassville Mo.
19. (a) 10-9-46 (Date received local registrar) (b) W. M. West (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 7
year 1946 hour 7 minute P.M.
21. I hereby certify that I attended the deceased from June, 1938, to Oct 7, 1946
that I last saw him alive on Oct 7, 1946
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchiopneumonia	8 day
Due to	
Due to	
Other conditions Syphilis (Include pregnancy within 3 months of death)	1 yr
Major findings: Of operations	
Of autopsy 30 g	

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 Frank Kerr M.D. (M. D. or other)
Address Monett Mo. Date signed 10/8/46

(Licensed Embalmer's Statement on Reverse Side)

12

RECEIVED
District Health Officer No. 6,
District File Number 1046-1070
Date Filed OCT 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 G. E. Culver

Licensed Embalmer No. 3584

P. O. Address Cassville 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.