

FILED JUN 9 1947

State File No. _____

Registration District No. _____

Primary Registration District No. 3005

Registrar's No. 44

1. PLACE OF DEATH: Bates

(a) County Butler

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

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

(d) Length of stay: In hospital or institution 77 yrs. (Specify whether)
years, months or days

In this community 77 yrs.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Bates St. Clair

(c) City or town Butler Appleton City 93
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) _____

(e) Citizen of foreign country? _____ (Yes or No) _____
If yes, name country _____

3. (a) PRINT FULL NAME Harry Weller

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Wangy Wallace 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased June 11 - 1877
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

75 11 13 hr. min.

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

10. Usual occupation Telephone WIREMAN

11. Industry or business _____

12. Name Solomon Weller

13. Birthplace Canada
(City, town, or county) (State or foreign country)

14. Maiden name Mary Hill

15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Hugh Weller

(b) Address Appleton City MO

17. (a) Burial (b) Date thereof 5-27-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Appleton City, Mo

18. (a) Signature of funeral director Frank Hill

(b) Address Appleton City MO

19. (a) May 27 - 40 (b) Frank Hill
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24
year 1947 hour 11 minute 20 P.M.

21. I hereby certify that I attended the deceased from May 22, 1947, to May 24, 1947.
that I last saw him alive on May 24, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Heart failure
Uremia coma
Acute Urinary retention

Due to Hypertrophied prostate

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: _____

Of operations _____

Of autopsy _____

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 _____

23. Signature Paul Hansen (M. D. or other) M.D.
Address Appleton City MO Date signed 5-26-47

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

RECEIVED
District Health Officer No. 7,
District File Number 5-47-674
Date Filed 6-6-47

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 on the 25th day of May 1947, Registered Apprentice No. _____, working under my personal supervision.

Signed Frank Lee

Licensed Embalmer No. 1099

P. O. Address Opelika City, Ala

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.