G. No. 2
M—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41498

FILED JAN 6 1948

Registration District No. 13

Primary Registration District No. 4208

Registrar's No.

1. PLACE OF DEATH:
(a) County Harrison
(b) City or town Cainsville
(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 75 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Harrison
(c) City or town Cainsville
(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

3. (a) PRINT FULL NAME Andrew J. Weddle
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 Rachel Ann Weddle
6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased April (Month) 27 (Day) 1866 (Year)

8. AGE:

Years	Months	Days	If less than one day
81	7	20	hr. min.

9. Birthplace (City, town, or county) Indiana (State or foreign country)
10. Usual occupation Retired Farmer
11. Industry or business
FATHER
12. Name Addison Weddle
13. Birthplace (City, town, or county) Indiana (State or foreign country)
MOTHER
14. Maiden name Hannah Apple
15. Birthplace (City, town, or county) Unknown (State or foreign country)
16. (a) Informant Rachel Ann Weddle
(b) Address Cainsville, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 20, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Zoar Cemetery Cainsville
18. (a) Signature of funeral director E. J. Stoklasa
(b) Address Cainsville, Missouri.
19. (a) 12/27/47 (Date received local registrar) (b) S. Pha Shaw (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 17th
year 1947 hour 7 minute 45 P.M.
21. I hereby certify that I attended the deceased from June 3rd 1945, 19 to Dec 17 1947;
that I last saw him alive on Dec 17-47 19
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Nephritis	
Arteriosclerosis	2 yr.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause of 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 D. S. Duff (M. D. or other)
Address Cainsville, Mo. Date signed 12/18/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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

Eddie J. Stoklasa, Registered Apprentice No.

working under my personal supervision.

Signed

Licensed Embalmer No. 3602

P. O. Address Cainsville, Missouri.

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.