

FILED JAN 26 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44560

State File No. _____

Registration District No. 381

Primary Registration District No. 6043

Registrar's No. 2268

1. PLACE OF DEATH:

(a) County Ripley
(b) City or town rural Washington
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2 miles S. of Fairdealing
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 10 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Ripley
(c) City or town rural
(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 William Oscar Weimer

3. (b) If veteran, name war no 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife Alma Samons Weimer 6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased June 18 1892
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
55 5 1 _____ hr. _____ min.

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

10. Usual occupation Labor

11. Industry or business timber

MOTHER FATHER { 12. Name Isaac Weimer
13. Birthplace Unknown Ind.
(City, town, or county) (State or foreign country)
14. Maiden name Sadie Hawkins
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Alma Weimer
(b) Address Fairdealing, mo.

17. (a) burial (b) Date thereof 11/21/47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Fairdealing

18. (a) Signature of funeral director Minnie Gish
(b) Address Naylor, Mo.

19. (a) 125 B-47 (b) E. B. Johnston
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 19
year 1947 hour 12 minute 30 A.M.

21. I hereby certify that I attended the deceased from April 1, 1947 to Nov 19, 1947
that I last saw him alive on Oct 20, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death pulmonary tuberculosis

Due to _____

Due to _____

Other conditions none
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

Duration _____
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? 0

While at work? _____ (Specify type of place) Means of injury _____

23. Signature W. E. White (M. D. or Public Health Officer)
Address Naylor, Mo. Date signed 11/21/47

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

RECEIVED

State Health Dept. for E.

Order No. 148-29

Date 12-1-48

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

Charles Taylor

, Registered Apprentice No. (266) mo. 60

working under my personal supervision.

Signed

Bryan McCord

Licensed Embalmer No. 4279

P. O. Address Nash 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.