

No. 2  
-12-45  
-17-39  
I X47070

State File No. \_\_\_\_\_  
Registrar's No. 18

FILED JAN 29 1948

Registration District No. \_\_\_\_\_ Primary Registration District No. 3016

1. PLACE OF DEATH:

(a) County Cole

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

(c) Name of hospital or institution: St. Mary's Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Wray 76

(c) City or town Freedom 0  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ 0  
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME GEORGE F. WEIKER Jr

3. (b) If veteran, name war WORLD WAR II

3. (c) Social Security No. \_\_\_\_\_

4. Sex MALE 5. Color or race WHITE

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 Nov - 18 - 1908  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>39</u>	<u>1</u>	<u>28</u>	hr. min.

9. Birthplace FREEDOM Mo 6  
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business \_\_\_\_\_

12. Name GEORGE A WEIKER Sr

13. Birthplace FREEDOM Mo 0  
(City, town, or county) (State or foreign country)

14. Maiden name EMMA REDDEN

15. Birthplace FREEDOM Mo 0  
(City, town, or county) (State or foreign country)

16. (a) Informant My Sig. A. Weiker

(b) Address Freedom Mo

17. (a) Burial (b) Date thereof 1 - 19 - 48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oklahoma Cemetery

18. (a) Signature of funeral director Clyde Maston

(b) Address Mo

19. (a) 1-17-48 (b) R. P. Davis MO  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 16 year 1948 hour 7 minute 40 P.M.

21. I hereby certify that I attended the deceased from Jan 15 to Jan 16, 1948

that I last saw h. in alive on Jan 16 and that death occurred on the date and hour stated above.

Immediate cause of death General peritonitis

Due to Perforated duodenal ulcer

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations + 53

Of autopsy \_\_\_\_\_

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 Dean D. Taylor (M. D. or other) M.D.

Address Jefferson City Date signed 1-16-48

Duration

Friday

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

Date Filed 1-28-48

Office File No.                     

Health Officer No. 9

RECEIVED

FEB 5 1948  
OCT 1 1947  
056161 130

**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 Vernon M. Morton

Licensed Embalmer No. 425

P. O. Address Levin

**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.