No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1696

FILED FEB 16 1948

Registration District No. 183 Primary Registration District No. 4301 Registrar's No. 4

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

1. PLACE OF DEATH:
(a) County Linn
(b) City or town Meadville
(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 31 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Linn 58
(c) City or town Meadville
(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 Edward Francis Weir
3. (b) If veteran, name war
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 Della Virginia Evans
6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased October (Month) 20 (Day) 1877 (Year)

8. AGE: Years 70 Months 3 Days 10 If less than one day hr. min.

9. Birthplace London Ontario, Canada (City, town, or county) (State or foreign country)
10. Usual occupation Doctor of Medicine
11. Industry or business
FATHER
12. Name Robert Weir
13. Birthplace London Ontario, Canada (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Martha Sutton
15. Birthplace London Ontario, Canada (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. E. F. Weir
(b) Address Meadville, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-2-48 (Month) (Day) (Year)
(c) Place: burial or cremation Botts Cemetery
18. (a) Signature of funeral director Norman Funeral Home
(b) Address Chillicothe, Missouri
19. (a) 2-2-1948 (Date received local registrar) (b) Chris A. Martens (Registrar's signature) 11 U

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 30th year 1948 hour 4 minute - P. M.
21. I hereby certify that I attended the deceased from 12-26-47 ——, 19..., to 1-30, 1948; that I last saw him alive on 1-20, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	5 min
Due to Cerebral Arteriosclerosis	?
Due to	
Other conditions (Include pregnancy within 3 months of death) In Pleural Infection of Testimonial	10 da

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 R. M. R. Haley (M. D. or other) M.D.
Address Brookfield Mo. Date signed 2-1-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron

SEP 28 1961

SEP 2 1961

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 Ettan Norman

Licensed Embalmer No. 4036

P. O. Address Chillicothe, 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.