S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED FEB 17 1948

MISSOURI DIVISION OF HEALTH
# STANDARD CERTIFICATE OF DEATH

State File No. 5707

Registration District No. 213 — Primary Registration District No. 5918 — Registrar's No. 3

79
0
0

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

**1. PLACE OF DEATH:**

(a) County: Perry
(b) City or town: Rural Salem
(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: all his life
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State: Missouri (b) County: Perry 79
(c) City or town: Rural 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: Andrew Weith
3. (b) If veteran, name war .....
3. (c) Social Security No.: None
4. Sex: Male 0
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: February (Month) 28th. (Day) 1870 (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---|---|---|---|---|
| | 77 | 10 | 17 | ..... hr. ..... min. |

9. Birthplace: Perry County, (City, town, or county) Missouri. 0 (State or foreign country)
10. Usual occupation: Farming
11. Industry or business .....

FATHER
12. Name: John Weith 1
13. Birthplace: (City, town, or county) Germany 7 (State or foreign country)

MOTHER
14. Maiden name: Jacobina Erskin 0
15. Birthplace: (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant: Homer Weith
(b) Address: Perryville, Mo. R.2
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1-18-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Perryville, Mo.
18. (a) Signature of funeral director: Young & Sons
(b) Address: Perryville, Mo.
19. (a) Jan 17-1948 (Date received local registrar) (b) Joe J Zoellner (Registrar's signature) 250

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month ~~Feb.~~ Jan day 15th.
year 1948 hour 6 minute 20 P.M.
21. I hereby certify that I attended the deceased from 12/28-47
21 ....., 19....., to 1-15, 1948
that I last saw him alive on 1-14, 1948
and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Cerebral appoplexy | 2 wks |
| Due to Arteries Sclerosis | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings:
Of operations 83 ft
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 2
23. Signature: C W Wiedmann (M. D. or other) Do
Address: Perryville, Mo Date signed 1-17-48

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

RECEIVED

District Health Officer No. 4

District File Number 248-206

Date Filed 2-16-48

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 ....., Registered Apprentice No. ....., working under my personal supervision.

Signed Wallace Young

Licensed Embalmer No. 4027

P. O. Address Perryville 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.