

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 28 1948

Registration District No. 274

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3052

State File No. 3732

Registrar's No. 25

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1015 S. Massachusetts
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Life
years, months or days

3. (a) PRINT FULL NAME EMMA L. WEIR

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

4. Sex F. / 5. Color or race W. 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 November 25, 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 2 6 _____ hr. _____ min.

9. Birthplace Sedalia Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business _____

12. Name William Weir
13. Birthplace GERMANY Germany 4
(City, town, or county) (State or foreign country)
14. Maiden name Anna
15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Anna Weir
(b) Address 1015 S. Mass. -- Sedalia, Mo.

17. (a) Burial (b) Date thereof 2 - 3 - 1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Crown Hill Cemetery

18. (a) Signature of funeral director [Signature]
(b) Address Sedalia, Mo.
19. (a) 2/3/48 (b) Betty Yeager
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis 80
(c) City or town Sedalia 6
(If outside city or town limits, write "RURAL")
(d) Street No. 1015 S. Massachusetts 4
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 2
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February 1st, 1948.
year _____ hour 7.53 P.M. minute _____ M.
21. I hereby certify that I attended the deceased from Over four years
er 12 to February 1st, 1948.
that I last saw him alive on two months ago. 19 _____
and that death occurred on the date and hour stated above.
Immediate cause of death _____ Duration
Paralysis Agitans. 14 yrs.
Malnutrition. 3 yrs.

Due to _____
Due to _____
Other conditions Senility
(Include pregnancy within 3 months of death)
Major findings: None. PHYSICIAN _____
Of operations _____ Underline the cause to which death should be charged statistically.
Of autopsy None. 87C

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide None.
(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? No. (Specify type of place) (e) Means of injury _____
23. Signature Thos. B. Carlisle, M.D. (M. D. or other) M.D.
Address Sedalia, Mo. Date signed 2-3-48

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 2-26-48

AUG 11 1953

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.....

Frank S. Coffman Jr., Registered Apprentice No. 16,
working under my personal supervision.

Signed.....

Licensed Embalmer No. 4387

P. O. Address Sedalia, 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.