

FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED APR 7 1948

Registration District No. 21

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5115

State File No. 7800

Registrar's No. 21

1. PLACE OF DEATH:

(a) County **Bollinger**
(b) City or town **Rural White Water**
(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 **78-4-14**
(Specify whether
In this community, years, months or days)

3. (a) PRINT FULL NAME **Celia O. Weiss**

3. (b) If veteran, name war: **None** 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **John Weiss** 6. (c) Age of husband or wife if alive **79** years
7. Birth date of deceased **November 9 1869**
(Month) (Day) (Year)

8. AGE: Years **78** Months **4** Days **14** If less than one day hr. min.

9. Birthplace **Cape Girardeau Co., Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **House Wife**

11. Industry or business

12. Name **Henry Hilderbrand**

13. Birthplace **Cape Girardeau Co., Mo.**
(City, town, or county) (State or foreign country)

14. Maiden name **Hannah Middleton**

15. Birthplace **Cape Girardeau Co., Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **John Weiss**

(b) Address **Livville Mo.**

17. (a) **Burial** (b) Date thereof **3-25-1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Sargents Chapel**

18. (a) Signature of funeral director **Young & Sons**

(b) Address **Perryville Mo.**

19. (a) **Mar. 26 48** (b) **Miller VanLumburg**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Bollinger**
(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? (Yes or No)
If yes, name country:

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **23**
year **1948** hour **7** minute **30** P. M.

21. I hereby certify that I attended the deceased from **3-14-48**
3-23 to **3-23**, 19**48**.

that I last saw h..... alive on....., 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral apoplexy** Duration **2 wks**

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations **f3a**

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?.....
(Specify type of place)

While at work?..... (e) Means of injury.....

23. Signature **Ch. Weidman** (M. D. or other) **DO**

Address **Perryville, Mo.** Date signed **3/24/48**

RECEIVED

District Health Officer No. 4

District File Number 448-4

Date Filed 4-6-42

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

Licensed Embalmer No. 21378

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.