

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

13245
100000
State File No. _____
Registrar's No. 36

FILED APR 28 1948
Registration District No. 175

Primary Registration District No. 5646

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

505
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Sapetti

1. PLACE OF DEATH:

(a) County LAWRENCE

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

(c) Name of hospital or institution:
R.F.D. # 1 MARIONVILLE MO /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 3 MONTHS years, months or days

3: (a) PRINT FULL NAME SILAS O WEATHERMAN

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 LOUISA WEATHERMAN

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased JAN 25 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

73 2 24 hr. min.

9. Birthplace MADISON COUNTY ARKANSAS /
(City, town, or county) (State or foreign country)

10. Usual occupation CIVIL ENGINEER

11. Industry or business RAILROAD

12. Name WM M WEATHERMAN

13. Birthplace TERRA HAUTE IND. /
(City, town, or county) (State or foreign country)

14. Maiden name NAOMI O LANEY

15. Birthplace ? IND. /
(City, town, or county) (State or foreign country)

16. (a) Informant MRS SILAS OWENS

(b) Address MARIONVILLE MO.

17. (a) REMOVAL (b) Date thereof 4/21/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CLIFTY ARK

18. (a) Signature of funeral director J.B. Surridge

(b) Address MARIONVILLE MO.

19. (a) April 21 48 (b) Oran Mc Natt
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State ARKANSAS (b) County CARROLL 997

(c) City or town EUREKA SPRINGS 3
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? NO (Yes or No) 2

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 18
year 1948 hour 3 minute 00 P. M.

21. I hereby certify that I attended the deceased from January 1948 to April 18 1948
that I last saw him alive on April 17 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Heart -

Due to Hypertensive crisis - cardio
vascular not disease.

Due to arteriosclerosis

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

Major findings:
Of operations _____

Of autopsy _____

131/48

Duration 18 days

PHYSICIAN _____

Underline the cause to 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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature A.P. Carlton (M. D. _____)
Address Marionville, Mo Date signed 4-19-48

RECEIVED

District Health Officer No. 6,

District File Number 448-544

Date Filed APR 27 1948

OCT 23 1948

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.....

William A. Fulkes

, Registered Apprentice No. 29

working under my personal supervision.

Signed

Herman Surridge

Licensed Embalmer No. 3072

P. O. Address Marionville 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.