S. No. 2
M—1/47
v. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16182

FILED JUN 14 1948

Registration District No. 142

Primary Registration District No. 5367

Registrar's No. 10

1. PLACE OF DEATH:

(a) County Howell

(b) City or town "Rural" Sisson Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Residence
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 9 Mos. 15 days.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County HOWELL 46

(c) City or town "RURAL" SISSON TWP. 0
(If outside city or town limits, write "RURAL")

(d) Street No. POMONA, MO., ROUTE 1 0
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME RAYMOND LEE WEAKLY

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 infant

6. (b) Name of husband or wife

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

7. Birth date of deceased AUGUST (Month) 7, (Day) 1947 (Year)

8. AGE: Years — Months 9 Days 15 If less than one day ..... hr. ..... min.

9. Birthplace HOWELL CO., (City, town, or county) MO. (State or foreign country)

10. Usual occupation —

11. Industry or business —

FATHER
12. Name IVAN L. WEAKLY
13. Birthplace HOWELL CO., (City, town, or county) MO. (State or foreign country)

MOTHER
14. Maiden name LAVONDA BALLINGER
15. Birthplace FRIEND, (City, town, or county) NEBR. (State or foreign country)

16. (a) Informant Ivan L. Weakly
(b) Address Pomona, Mo., RT. 1

17. (a) ANTIOCH CEM (Burial, cremation, or removal) (b) Date thereof May 24, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation HOWELL CO., SISSON TWP.

18. (a) Signature of funeral director Hal Thornburgh
(b) Address West Plains, Mo.

19. (a) 6/8-1948 (Date received local registrar) (b) Laura Mitchell (Registrar's signature) 126

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 22
year 1948 hour 2 minute a M.

21. I hereby certify that I attended the deceased from (22) May 21 (21) 1948 to May 22 1948
that I last saw him alive on May 21 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Complications with Convulsions

Due to following Chickenpox

Due to (Patient seen only once)

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 [signature] (M. D. or other) MD

Address West Plains, Mo. Date signed 27/5/

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Harold Edward Hoadul, Registered Apprentice No. 26, working under my personal supervision.

Signed Hal Thoroughman

Licensed Embalmer No. 3408

P. O. Address West Plains, 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.