

S. No. 2
M-5-43
v. 5-17-39
X36671

18598

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUN 17 1948

10

Primary Registration District No. 3002

Registrar's No. 87

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

1. PLACE OF DEATH:
 (a) County Audrain
 (b) City or town Mexico
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Audrain
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 10 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State MISSOURI (b) County CALLAWAY
 (c) City or town AUXVASSE
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME August Charles Weber
 3. (b) If veteran, name war _____
 3. (c) Social Security No. 490-07-0591

4. Sex Male
 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Lela M. Weber
 6. (c) Age of husband or wife if alive 57 years
 7. Birth date of deceased June 6, 1885
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>63</u>	<u>0</u>	<u>3</u>	hr. min.

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

10. Usual occupation Construction Co.

11. Industry or business _____
 12. Name August Weber
 13. Birthplace Germany
(City, town, or county) (State or foreign country)
 14. Maiden name Annie Reicke
 15. Birthplace New York
(City, town, or county) (State or foreign country)
 16. (a) Informant Mrs. Lela M. Weber

(b) Address Auxvasse, Mo.

17. (a) Burial (b) Date thereof June 12, 48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood, Mexico, Mo.

18. (a) Signature of funeral director Cal E. Orndorff

(b) Address Mexico, Mo.

19. (a) 6/11/48 (b) Blanche Neely
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 10
 year 1948 hour 12 minute 30 a. M.
 21. I hereby certify that I attended the deceased from May 15, 1948, to June 10, 1948,
 that I last saw him alive on June 9, 1948,
 and that death occurred on the date and hour stated above.

Immediate cause of death _____
Carcinoma of liver
 Due to _____
General abdominal
 Due to Carcinomatous
 Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
 Of operations _____
Hb F
 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? _____

While at work _____ (Specify type of place)
 (e) Means of injury _____
 23. Signature C. L. Harris (M. D. or other)
 Address Mexico Mo Date signed 6/11/48

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

JUL 6 1948

JUN 16 1948

RECEIVED

District Health Officer No. 10

District File Number 6-48-1067

Date Filed JUN 16 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.....

Clarence C. Robinson

Registered Apprentice No. 56

working under my personal supervision.

Signed.....

Carl T. Pugh

Licensed Embalmer No. 3189

P. O. Address. Mexico, 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.