FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED SEP 9 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27361

Registration District No. 294 | Primary Registration District No. 3056 | Registrar's No. 224

1. PLACE OF DEATH:
(a) County Randolph
(b) City or town Moberly, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: McCormick Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 Days (Specify whether
In this community Lifetime (43 yrs.) years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Randolph
(c) City or town Moberly (If outside city or town limits, write "RURAL")
(d) Street No. 1223 Myra (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME Goldie Mae Weiss
3. (b) If veteran, name war no.
3. (c) Social Security No. 491-07-162A
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife William W. Weiss
6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased August (Month) 3 (Day) 1905 (Year)

8. AGE:

Years	Months	Days	If less than one day
43	0	22	hr. min.

9. Birthplace Moberly (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife
11. Industry or business —

FATHER
12. Name Clifford C. Haynes
13. Birthplace Cairo (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Effie Mae Dameron
15. Birthplace Randolph (City, town, or county) Missouri (State or foreign country)

16. (a) Informant William W. Weiss
(b) Address 1223 Myra, Moberly, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 27, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Oakland Cemetery Moberly Mo.
18. (a) Signature of funeral director Snow Funeral Home
(b) Address Moberly, Mo.
19. (a) Aug 27-48 (Date received local registrar) (b) Leah Williams Lowe (Registrar's signature) 264

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 25
year 1948 hour 9 minute 25 A.M.
21. I hereby certify that I attended the deceased from Aug 23, 48, 19..., to Aug 25, 1948
that I last saw h.. alive on Aug 25, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: acute myocarditis	2 da
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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 W. H. McCormick (M. D. or other) D.O.
Address 300½ Reed St. Moberly Mo. Date signed 8-26-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

MS JAN 27 1960

RECEIVED
District Health Officer
District File Number 9.48
Date Filed SEP 7 - 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, [redacted] ..... Registered Apprentice No. .....
working under my personal supervision.

Signed Charles L. Hutton

Licensed Embalmer No. #4577

P. O. Address Moberly, 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.