S. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED OCT 8 1948
Registration District No. 24

MISSOURI DIVISION OF HEALTH
# STANDARD CERTIFICATE OF DEATH

State File No. 30611
Primary Registration District No. 5932
Registrar's No. 283

1. PLACE OF DEATH:
(a) County Pettis
(b) City or town Rural (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: R.F.D. Lamonte (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether In this community years, months or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pettis
(c) City or town R.F.D. - La Monte (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 Rosa Weller
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife August Weller
6. (c) Age of husband or wife if alive 80 years
7. Birth date of deceased July (Month) 2 (Day) 1867 (Year)

8. AGE: Years 81 | Months 2 | Days 24 | If less than one day ... hr. ... min.
9. Birthplace Lake Creek, (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Housewife
11. Industry or business

FATHER
12. Name Edward Bahner
13. Birthplace Germany (City, town or county) (State or foreign country)

MOTHER
14. Maiden name Adeline Bruckhoff
15. Birthplace West Virginia (City, town, or county) (State or foreign country)

16. (a) Informant Rev. Arnold J. Weller
(b) Address Shearsville, Kansas
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-29-48 (Month) (Day) (Year)
(c) Place: burial or cremation Bahner, Mo
18. (a) Signature of funeral director McLaughlin Bros
(b) Address Sedalia, Mo.
19. (a) 9-29-48 (Date received local registrar) (b) Betty Yeager (Registrar's Signature) Deputy

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 26
year 1948 hour 12 minute 50 P. M.
21. I hereby certify that I attended the deceased from April 23, 1948 to Sept 26, 1948
that I last saw her alive on Sept 24 1948
and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Hemiplegia (R) | |
| due to cerebral hemorrhage | 7 days |
| Due to Arteriosclerosis | |
| Due to Hypertension | |
| Other conditions (Include pregnancy within 3 months of death) Chronic myocarditis | |

Major findings:
Of operations None
Of autopsy None

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, public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature H. A. Hite (M. D. or other) M.D.
Address Green Ridge Mo. Date signed 9/27/48

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

**RECEIVED**
**District Health Officer No. 8,**
**District File Number**_____
**Date Filed** 10-7-48

MAY 29 1951

MAY 26 1951

**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 R P O'Leary

Licensed Embalmer No. 3153

P. O. Address Sedalia 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.**