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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED DEC 27 1948

Registration District No. 251

Primary Registration District No. 3048

Registrar's No. 298

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

1. PLACE OF DEATH:

(a) County Nodaway

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

(c) Name of hospital or institution:
St. Francis Hospital *(D)*
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 days
(Specify whether years, months or days)

In this community 57 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway *74*

(c) City or town Elmo
(If outside city or town limits, write "RURAL") *J*

(d) Street No. none
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ELMER WEDDLE

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Male *(D)*

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____

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

7. Birth date of deceased October 18 1891
(Month) (Day) (Year)

8. AGE:			If less than one day
Years	Months	Days	
<u>75</u>	<u>1</u>	<u>20</u>	hr. _____ min. <u>9</u>

9. Birthplace unknown
(City, town, or county) (State or foreign country)

10. Usual occupation Blacksmith

11. Industry or business Self-employed

12. Name Issac Weddle

13. Birthplace Indiana *(1)*
(City, town, or county) (State or foreign country)

14. Maiden name Betsy Wheeler

15. Birthplace Indiana *(1)*
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary Weddle

(b) Address Elmo, Missouri

17. (a) burial (b) Date thereof 12/10/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmo cemetery

18. (a) Signature of funeral director Price Funeral Home
Maryville, Missouri

(b) Address _____

19. (a) 12-18-48 (b) Bess Holt *(29)*
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 8 year 1948 hour 5 minute 30 A.M.

21. I hereby certify that I attended the deceased from Nov 26 to Dec 8 1948
that I last saw him alive on Dec 7 1948
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
<u>Cerebral Hemorrhage</u>	<u>subs</u>
Due to <u>general arteriosclerosis</u>	<u>not known</u>
Due to _____	_____
Other conditions (Include pregnancy within 3 months of death)	_____

Major findings:
Of operations 036

Of autopsy _____

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) (c) Means of injury 0

23. Signature F. A. Blamer (M. D. or other) _____
Address Maryville Mo Date signed Dec 11/48

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.....

John W. Price

Licensed Embalmer No.....

4281

P. O. Address.....

Maryville 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.