REG. DIST. NO. 2744   PRIMARY REG. DIST. NO. 2022. Registrar's No. 4.2.   Reg. DIST. NO. 2744   PRIMARY REG. DIST. NO. 3052. Registrar's No. 4.2.   Reg. DIST. NO. 2744   PRIMARY REG. DIST. NO. 3052. Registrar's No. 4.2.   Reg. DIST. NO. 2744   PRIMARY REG. DIST. NO. 3052. Registrar's No. 4.2.   Reg. DIST. NO. 2744   PRIMARY REG. DIST. NO. 3052. Registrar's No. 4.2.   Reg. DIST. NO. 2744   PRIMARY REG. DIST. NO. 3052. Registrar's No. 4.2.   County	FILED FEB	11 (950			ALTH OF MISS		State	200
LENGE OF DEATH  a. COUNTY  Pettis  b. CITY (If contained corporate limits, write RURAL and give from the corporate limits, write BURAL and give from Sedalia  c. CITY (If contained corporate limits, write RURAL and give from Sedalia  d. FILL NAME OF (if not in heaptal or institutions, give store address or location)  NOTITION 705 East Fifth St.  NOTITION 705 East Fifth St.  1. (First)  DECEASED (Type or Print)  S. SEX  O (First)  DISCIPH HARVEY WEBD)  S. SEX  O (First)  DISCIPH HARVEY WEBD)  S. SEX  O (First)  DISCIPH HARVEY WEBD)  DISCIPH HARVEY WEBD)  S. SEX  O (First)  DISCIPH HARVEY WEBD)  S. SEX  O (First)  DISCIPH HARVEY WEBD)  DISCIPH HARVEY WEBD)  S. SEX  O (First)  DISCIPH HARVEY WEBD)  S. SEX  O (First)  DISCIPH HARVEY WEBD)  DISCIPH HARVEY WEBD)  S. SEX  O (First)  DISCIPH HARVEY WEBD)  S. SEX  O (First)  DISCIPH HARVEY WEBD)  DISCIPH HARVEY WEBD)  S. SEX  O (First)  DISCIPH HARVEY WEBD)  DEATH Feb. 1, 1  DISCIPH WEBD (Month)  DEATH Feb. 1, 1  DISCIPH WEBD (Month)  DISCIPH HARVEY WEBD)  DISCIPH WEBD (Month)			_ REG. DIST.	. но. 274	PRIMARY REG. DIS	эт. жо. <u>Зо</u>	52e Regis	trar's No. 45
ORN Sedalia  d. FULL NAME OF CIT set is hospital or insultration, give stress address or location)  HOSPITAL OR 705 East Fifth St.  3. NAME OF DECEASED  2. (Pirst)  JOSEPH HARVEY WEED  C. (Last)  JULY 31, 1885  ACTION  A DATE (Month) (De DEATH Feb . 1, 1  L. BIRTHPLACE (State or fording equativity)  Windsor, Missouri Windson, Missouri Wi			3		2 USUAL RES	IDENCE (WE	ere deceased liv	ed. If institution: re
**SOSPITAL OR NOSTITAL OR NOST	AD			c. LENGTH OF STAY (in this place YTS.	c. CITY (11 outside OR TOWN S		write BURAL az	od give township) (
S. SEX   S. COLOR OR RACE   7. MARRIED. NEVER MARRIED.   10. USUAL OCCUPATION (Give kind of work of the property of the prop			Fifth	St.	d. STREET ADDRESS	(If rurs), et 705	East F	ifth St.
Male () White    Maintie	DECEASED		HARVE	b. (Middle) Y WEED	c. (Last)		4. DATE OF DEATH FO	(Month) (Day) b. 1, 195
This does not meen the mode of dying, such as heart fallure, asthenia file. In the took cause (a) stating the took cause (a) stating the took cause (a) stating the case, injury, or complication which caused death.  19a. DATE OF OPERATION  19a. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  19c. DATE OF OPERATION  19c. DATE OF OPERATION  19d. DISCASS OF OPERATION  19d. DATE OF OPERATION  19d. DATE OF OPERATION  19d. DATE OF OPERATION  19d. DATE OF OPERATION  19d. STATE OF OPERATION  19d. DATE OF OPERATION  22d. DURITAL CREM 19d. DATE 22d. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (Oilty, town, or country)  22d. BURIAL CREM 22d. DATE 22d. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (Oilty, town, or country)  DATE OF OPERATOR OF OPERATORY 25d. DATE 25d. DAT	ΛΙ.		7. MARRIED. WIDOWED. Warri	NEVER MARRIED, DIVORCED (Specify)	July 31	, 1885	last birthday) 64	Months Days Ho
IS. WAS DECEASED EVER IN U.S. ARMED FORCES?  16. SOCIAL SECURITY NONE MY SECURITY NONE MY S. Alpha Garrigus  17. INFORMANT'S SIGNATURE OR NAME Sth. MY S. Alpha Weed, 705 E. Sedal  18. CAUSE OF DEATH Einter only one cause per line for (a), (b), and (c)  19. CAUSE OF DEATH Einter only one cause per line for (a), (b), and (c)  19. This does not mean the mode of dring, such as heart fallure, eathering, its to the above cause (a) stating the underlying cause last.  10. This does not mean the mode of dring, such as heart fallure, eathering, its to the above cause (a) stating the underlying cause last.  10. This does not mean the mode of dring, such as heart fallure, eathering, its to the above cause (a) stating the underlying cause last.  10. This does not mean the mode of dring, such as heart fallure, eathering, its to the above cause (a) stating the underlying cause last.  10. This does not mean the mode of dring, such as heart fallure, eathering, eathering, its to the above cause (a) stating the underlying cause last.  10. This does not mean the mode of dring, such as heart fallure, eathering, eathering, its to the above cause (a) stating the underlying cause last.  11. OTHER SIGNIFICANT CONDITIONS:  Conditions contributing to the draft but not follow which caused death.  12. This does not mean the man the mode of dring, such as heart fallure, each to the draft but not follow the state of the draft but not follow.  12. ACCIDENT (Specify)  22. In Major Findings of Peration.  23. ADDRESS (CITY, TOWN, OR TOWNSHIP)  24. DATE MEDICAL CREMITAL CREM (Page of Location (City, town, or county)  24. DATE BEOFUR NICAL REGISTRARS SIGNATURE  25. AME OF CEMETERY OR CREMATORY  26. LOCATION (City, town, or county)  27. Mark of CEMETERY OR CREMATORY  28. ADDRESS ON.  29. DATE BEOFUR NICAL REGISTRARS SIGNATURE  29. ADDRESS ON A			1 -	DUSTRY		, Misso	uri O	12. CITIZI COUNT
B. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  "This does not mean the mode of dying, such as heart falline, eathering, itself to the above cause (a) stating the underlying cause last.  Morbid conditions, if any, giving DUE TO (b)  Morbid conditions, if any, giving DUE TO (b)  Morbid conditions, if any, giving DUE TO (b)  Morbid conditions, if any, giving DUE TO (c)  Morbid conditions, if any, giving DUE TO (b)  Morbid conditions, if any, giving DUE TO (c)  Morbid conditions, if any, giving DUE TO (b)  Morbid conditions, if any, giving DUE TO (c)  Morbid conditions, if any, giving DUE TO (b)  Morbid conditions, if any, giving DUE TO (b)  Morbid conditions, if any, giving DUE TO (c)  MATTHRITIS  INTO CONDITION  19a. DATE OF OPERA-  TION  19b. MAJOR FINDINGS OF OPERATION  TION  21c. ACCIDENT  SUCIDE  HOMICIDE  MORCIDE  19b. MAJOR FINDINGS OF OPERATION  21c. INJURY (e.g., the or about bome, farm, factory, street, office blidg, stee)  WHILEAT NOT WHILE  MORK NOT WHILE AT WORK  21d. Hereby certify the futtended the deceased from ATWORK NOT WHILE  21d. Time (Mooth)  MORCIDE  21d. Thereby certify the futtended the deceased from ATWORK NOT WHILE  MORK NOT WHILE ATWORK NOT WHILE  MORK NOT WHILE NOT WHILE  22d. SIGNAT  MORCIDE (COUNTY)  22d. DATE OF OPERATORY  22d. DATE OF OPERATORY  22d. DATE ACCIDENT  MORCIDE (Specify)  Morbid conditions using death  MALL NUTTED NOT WHILE  MORCIDE (COUNTY)  MORC	Ervin E.	Weed	136.			Alph	ıa Garr	igus
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  This does not meen the mode of dring, such as heart failure, asthenia, site. It meens the dis- cast, finging, or complica- tion which caused death.  19. MAJOR FINDINGS OF OPERATION  211. OTHER SIGNIFICANT CONDITIONS  DUE TO (c)  11. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition austing death.  191. MAJOR FINDINGS OF OPERATION  212. ACCIDENT SUICIDE HOMICIDE  192. MAJOR FINDINGS OF OPERATION  213. ACCIDENT SUICIDE HOMICIDE  194. Major Findings of Peration  195. MAJOR FINDINGS OF OPERATION  216. INJURY OCCURRED WHILEAT NOT WHILE  217. Hereby certify the Intended the deceased from ATMORK  218. SIGNAT  219. DATE  210. CREM 210. CREM 210. CREM 210. CREM 210. DATE 210. DATE 210. DATE 210. CREM 210. DATE 21				N/A	Mrs. Alp	r's signa ha Weed	URE708-N	ME 5th AC Sedalia
19a. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  21a. ACCIDENT SUICIDE HOMICIDE  21b. PLACE OF INJURY (e.g., in or about building and in the date stated about alive on the date stated about alive on the date stated about the decay of title)  21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED WHILE AT NOT WHILE WORK NAT WORK 1950, to 1950, that I last saw alive on the date stated about the decay of title) 23b. ADDRESS 1950, and that death occurred at 1950, and the date stated about the	Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, authenia, etc. It means the discase, injury, or complica-	ANTECEDENT CA  Morbid conditions rise to the above of the underlying cau  11. OTHER SIGNIF	ING TO DEATH*  AUSES  s, if any, giving ause (a) stating use last.  FICANT CONDIT	DUE TO (c)	UM AT / OCAR D HEU MA H AN	E VAL IAL TIC F RTHR	DISE EVE ITIS	ASE A
216. ACCIDENT (Bpedif)   21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)   21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY)   21d. TIME (Month) (Day) (Year) (Hour)   21e. INJURY OCCURRED WHILE AT NOT WHILE WORK AT WORK   21f. HOW DID INJURY OCCUR?  22. I hereby certify the futended the deceased from 25 / AV, 1950, to FEB, 1950, that I last saw alive on 1950, and that death occurred at 100A m., from the causes and on the date stated about 23a. SIGNATI (Degroegy title)   23b. ADDRESS   23c. NAME OF CEMETERY OR CREMATORY   24d. LOCATION (City, town, or county)   32d. BURIAL CREM   24d. DATE   24c. NAME OF CEMETERY OR CREMATORY   24d. LOCATION (City, town, or county)   32d. BURIAL CREM   24d. LOCATION (City, town, or county)   32d. BURIAL CREM   24d. LOCATION (City, town, or county)   32d. BURIAL CREM   24d. LOCATION (City, town, or county)   32d. BURIAL CREM   24d. LOCATION (City, town, or county)   32d. BURIAL CREM   24d. LOCATION (City, town, or county)   32d. BURIAL CREM	19a. DATE OF OPERA-	, 19b. MAJOR FINE		Garant States	PILIT U	7 7113		20. AUT
22. I hereby certify 12 Catended the deceased from 25 VAN, 1950, to 1 FEB, 1950, that I last saw alive on 1 (Degree of title) 23b. ADDRESS 23c. SIGNAT 23c. SIGNAT 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) 10N, REMOVAL (Spield) 2-4-1950 Crown Hill Sedalia, Hissour DATE BECD BY LOCAL REGISTRAR'S SIGNATURE 25 MERAL DIRECTOR'S 1 GNATURE ADDRESS	21a. ACCIDENT SUICIDE HOMICIDE	(Bpecity)	21b. PLACE OF II home, farm, factor	NJURY (e.g., in or about y, street, office bldg., ste.)	21c. (CITY, TOWN,	OR TOWNSHIP)	(CC	
alive on 1972, and that death occurred at 100 Am., from the causes and on the date stated about 23a. SIGNATI  23a. SIGNATI  24a. BURIAL CREM. 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county)  BURIAL CREM. 2-4-1950 Crown Hill Sedalia, Hissour  DATE BEC BY LOCAL REGISTRAR'S SIGNATURE 25 DINERAL DIRECTOR'S GRATURE ADDRES.	OF	) (Day) (Year) (	WHILE	ATT NOT WHILE	21f. HOW DID INJU	JRY OCCUR?		- <b></b>
246. NAME OF CEMETERY OR CREMATORY 246. LOCATION (City, town, or county) TION, REMOVAL (Spirit) 2-4-1950   Crown Hill   Sedalia, Hissour  DATE RECYBRY LOCAL REGISTRAR'S SIGNATURE   25. DINERAL DIRECTOR'S IGNATURE   ADDRESS	alive on 🎵	195	and that	death occurred at (Degree or title)	23b. ADDRESS	m the causes	_, 19 <u>50, 19</u> and on the c	hat I last saw the late stated above.
DATE BECK BY LOCAL REGISTRAR'S SIGNATURE 25 DINERAL DI RECTOR'S GIGNATURE ADDRE	24e. BURIAL. CREM TION, REMOVAL (8)	I 24b. DATE	24c.	, NAME OF CEMETER	RY OR CREMATORY	24d. LOCAT	ion (City, too dalia,	m, or county) Missouri
I I I I I I I I I I I I I I I I I I I	DATE RECIS BY LOCA	REGISTRAR'S S	GRATURE GLASE	251	25. PUNERAL DI	RECTOR'S 31		ADDRESS edalia, M

RECEIVED District Health Officer No. 8, Cistrict File Number Date Filed 2-10-50

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the	body whose name	is recorded on the revers	e side of this cert	tificate was embalm	ed by me, or	by
		***************************************		Student Embalmer	No	·

working under my personal supervision.

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.)

Student Embaimer

If this body is not embalmed, fact should be so stated above.