

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33940

State File No. _____

4217

FILED OCT 20 1951

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1202 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Kansas</u> b. COUNTY <u>Johnson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>DeSoto, Rural 9 mi east</u>	
c. LENGTH OF STAY (in this place) <u>3 day</u>		d. STREET ADDRESS (If rural, give location) <u>R. F. D. #1. Monticello Kan.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Trinity Luthern Hospt.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Josephine Frances</u> b. (Middle) <u>Weller</u> c. (Last) <u>Weller</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 2nd 1951</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec. 29/1900</u>	9. AGE (In years last birthday) <u>50</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 Hrs. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (State or foreign country) <u>Elgin Nebraska</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>William Baum</u>	13b. MOTHER'S MAIDEN NAME <u>Elieabeth Zimmer</u>	14. NAME OF HUSBAND OR WIFE <u>Myron Weller</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Myron Weller</u>	ADDRESS <u>DeSoto, Kan. R. F. D. #1</u>
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18. 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 failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>17 hrs</u> <u>2 yrs</u> <u>17 hrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Meningitis</u>		
	* ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma Cervix</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) SUICIDE HOMICIDE	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 9/30, 1951, to Oct 2, 1951, that I last saw the deceased alive on Oct 2, 1951, and that death occurred at 10:20 P. m., from the causes and on the date stated above.

23a. SIGNATURE OF REGISTRAR <u>Earl R. Knox M.D.</u>	23b. ADDRESS <u>224 Rialto Bldg.</u>	23c. DATE SIGNED <u>10-2-51</u>
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24a. BURIAL CREMATION (REMOVAL) (Specify) <u>Burial</u>	24b. DATE <u>Oct. 6th 51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Shawnee Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Shawnee Kansas</u>
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DATE REC'D BY LOCAL REG. <u>10-3-51</u>	REGISTRAR'S SIGNATURE <u>Geraldine Halsted</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>H. Ammon</u>	ADDRESS <u>KCR</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

AUG 3 1961

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed: H. Simmons

Licensed Embalmer No. 3903

P. O. Address. K @ K

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.