

FILED AUG 27 1956

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 27215

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3290

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Jackson Jackson		b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN Kansas City Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		a. STATE Missouri		b. COUNTY Jackson	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1219 Main st		Length of stay in lb 30 yrs. 86		d. STREET ADDRESS 6401 Main		Inside Limits Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last William A. Weyer				4. DATE OF DEATH Month Day Year July 28 1956			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 19, 1893	9. AGE (In years last birthday) 63	IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Vice-President & Treas.		10b. KIND OF BUSINESS OR INDUSTRY Beauty Supply Co.		11. BIRTHPLACE (City and state or country) St. Joseph, Mo.		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME George Weyer				14. MOTHER'S MAIDEN NAME Louise Ball			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yrs. give war or dates of service) No		16. SOCIAL SECURITY NO. 487-01-8942		17. INFORMANT Address Mrs. Wm. Weyer, 6401 Main Street			
18. CAUSE OF DEATH [Enter only one cause of death for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion Mycocarditis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)						INTERVAL BETWEEN ONSET AND DEATH 1 1/2 hrs 3 yrs. 4201	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.							
20d. INJURY OCCURRED WHILE-AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from March 1953 7/28/56 and last saw him alive on 7/24/56 Death occurred at 315 yrs m on the date stated above and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Melody McGilley Eylar		(Degree or title)		22b. ADDRESS 314 1/2 E 12th		22c. DATE SIGNED 7/29/56	
23a. BURIAL CREMATION, REMOVAL (Specify) Burial		23b. DATE July 31 1956		23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		23d. LOCATION (City, town, or county) (State) Kansas City Missouri	
24. FUNERAL DIRECTOR ADDRESS Melody McGilley Eylar Kan City Mo.				25. DATE RECD. BY LOCAL REG. 7-29-56		26. REGISTRAR'S SIGNATURE Neva Minchall	

(Licensed Embalmer's Statement on Reverse Side)

Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
W.W. Buckingham, M.D.

MEDICAL CERTIFICATION

Health, Welfare, Public Service

300
-56

OK - except for
Salt Sign
+
SSW

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.....
Signature of Student Embalmer

Signed..... *Ivan E. Miller*

Licensed Embalmer No. *498*
P. O. Address *K. C. ...*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license):
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.