

FILED DEC 8 1943

Registration District No. 287

Primary Registration District No. 3046

Registrar's No. 129

1. PLACE OF DEATH:

(a) County Moniteau. CO.
(b) City or town California, Mo. Walker
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
City
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution, write street number or location
Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau 68
(c) City or town California, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. City (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Mary Gertrude Weigel

3. (b) If veteran, No 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 Geo Weigel 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased July 22 1877
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 4 8 .hr. min.

9. Birthplace Moniteau Co. Mo
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business

12. Name Andrew Dorn

13. Birthplace Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Caroline Wermelskircher

15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Andrew Weigel

(b) Address California Mo.

17. (a) Burial (b) Date thereof Dec. 3, 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Catholic Cemt

18. (a) Signature of funeral director Bowlin Funeral Home
(b) Address California, Mo.

19. (a) 12-2-43 (b) R. J. Allen
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 30
year 1943 hour 7 minute 30 P. M.

21. I hereby certify that I attended the deceased from September 15 1943 to November 30 1943
that I last saw h. or alive on November 30 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of large intestine with abscession 2 months
Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)
Major findings: H6
Of operations
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) (e) Means of injury

23. Signature Kenneth Lathan (M. D. or other)
Address California, Mo Date signed 12-2-43

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

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 Earl R. Boulton

Licensed Embalmer No. 2126

P. O. Address California, 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.