

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

FILED APR 6 1948

Registration District No. 224

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3046

State File No. 9466

Registrar's No. 15

1. PLACE OF DEATH:

(a) County. Moniteau

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

(c) Name of hospital or institution. Latham Sanitarium 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 2 weeks (Specify whether years, months or days) 2 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State. Mo. (b) County. Moniteau 68

(c) City or town. California, Mo 1
(If outside city or town limits, write "RURAL")

(d) Street No. West Main St. 1
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME GEORGE ARTHUR WEIGER

3. (b) If veteran, name war. no

3. (c) Social Security No. 489-09-1246

4. Sex. male 0

5. Color or race. white

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

6. (b) Name of husband or wife. Lydia Engelmer Weiger

6. (c) Age of husband or wife if alive. 50 years

7. Birth date of deceased. May 29 1894
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>53</u>	<u>9</u>	<u>22</u>	hr. min.

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

10. Usual occupation.

11. Industry or business. City Marshall

12. Name. Wodney Weiger

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

14. Maiden name. Mary Waldman

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

16. (a) Informant. Pauline E. Berger

(b) Address. California, Mo.

17. (a) burial (Burial, cremation, or removal)

(b) Date thereof. 3-23-1948
(Month) (Day) (Year)

(c) Place: burial or cremation. Evangelical Center, California, Mo.

18. (a) Signature of funeral director. A. E. Wilson

(b) Address. California, Mo.

19. (a) 3-24-48 (Date received local registrar)

(b) H.R. Roperay (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 21
year 1948 hour 6 minute 9 M.

21. I hereby certify that I attended the deceased from Feb 21
1947, to March 21 1948
that I last saw him alive on March 21 1948
and that death occurred on the date and hour stated above.

Immediate cause of death. Intestinal obstruction

Due to. Generalized abdominal adhesions

Due to.

Other conditions. (Include pregnancy within 3 months of date) 29

Major findings: Intestinal obstruction

Of operations.

Of autopsy.

Duration

1 week.

10 years

PHYSICIAN

Underline the cause of 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?.....
(Specify type of place)

While at work?.....
(Specify means of injury)

23. Signature Levyon Latham (M. D. or other)

California, Mo. Address Date signed 3-22-48

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed APR 5 1948

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..... *A. E. Wilson*
Licensed Embalmer No..... *2351*
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.