

STANDARD CERTIFICATE OF DEATH

Registration District No. 808

Primary Registration District No. 6051

Registrar's No.

1. PLACE OF DEATH

(a) County Schuylers
(b) City or town Rural - Prairie - Queen City
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Schuylers
(c) City or town Rural - Prairie
(If outside city or town limit write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAMES Sarah Charlotte Weitzel

3. (b) If veteran, name war _____
3. (c) Social Security No. _____

4. Sex female 5. Color or race white
6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Fred 6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased Dec. 1 1873
(Month) (Day) (Year)

8. AGE: Years 67 Months 5 Days 23
If less than one day hr. _____ min. _____

9. Birthplace Schuylers Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business _____

12. Name John Jefferson Slightone

18. Birthplace Schuylers Co. Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Cynthia Wheeler

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

16. (a) Informant Mrs. Carver Brenner
(b) Address nowhere

17. (a) Burial (b) Date thereof May 27 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Germania Cemetery

18. (a) Signature of funeral director Morsehead
(b) Address Lancaster, Mo
19. (a) 5-27-41 (b) Chas. J. Jones - Registrar
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month May day 24
year 1941 hour 02 minute 0 P. M.

21. I hereby certify that I attended the deceased from June 29 1940 to May 21 1941
that I last saw him alive on May 20 1941
and that death occurred on the date and hour stated above.

Immediate cause of death myocardial degeneration

Due to arteriosclerosis

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy _____

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 2

23. Signature R. E. Vaughn (M. D. or other) D.O.
Address Lancaster, Mo Date signed 5/26/41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

8000

RECEIVED

District Health Officer No. 10

District File Number p-41-1153

Date Filed JUN 18 1941

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.....

Irue + Minnie Morehead

....., Registered Apprentice No.....

working under my personal supervision.

Signed Morehead

Licensed Embalmer No. 3731-3680

P. O. Address Lancaster 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, above space should be left blank.