REC'D JUN 9 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

17162
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson
(b) Township Kaw
(c) City Kansas City
Registration District No. 399
Primary Registration District No. 1002
Registered No. 1859
(d) Street No. 4412 Harrison St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 12 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mrs. Belle Weaver Mac Farlane
(a) Residence, No. 4412 Harrison St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James Mac Farlane
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 31 - 1852
7. AGE Years 86 Months 4 Days 2 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisville Kentucky

FATHER
13. NAME Wm Thos. Weaver
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisville Kentucky

MOTHER
15. MAIDEN NAME Emily T. Parsons
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisville Kentucky

17. INFORMANT (ADDRESS) Mrs. Florence Strait 4412 Harrison
18. BURIAL, CREMATION, OR REMOVAL PLACE Louisville Ky DATE May 5 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS) DeNeuf Conners Sons Brookside + Paseo
20. FILED May 3, 1938 M. M. Crowe Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 2, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1938, to May 2, 1938
I last saw he alive on May 2, 1938 Death is said to have occurred on the date stated above, at 8:30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	4-27-38

Other contributory causes of importance:
Bilat Emphysema

Name of operation ..... Date of .....
What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 19....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify .....
(Signed) Earl A. Jackson, M. D.
(Address) 307 Commerce Bldg

(Licensed Embalmer's Statement on Reverse Side)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.