

APR 15 1939

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

11079
Do not use this space.

1. PLACE OF DEATH
 (a) County Jackson Registration District No. 400
 (b) Township Praine Primary Registration District No. 5553B
 (c) City Registered No. 69
 (d) Street No. Jackson County Home for the aged & infirm
 (All 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 yrs. mo. da. (f) How long in U. S., if of foreign birth? yrs. mo. da.

2. PRINT FULL NAME 160 Hosea Weaver
 (a) Residence, No. Jackson County Home St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male
 4. COLOR OR RACE White
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF single
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar-20-1882
 7. AGE YEARS MONTHS DAYS If LESS than 1 day,hra. ormin.
56 11 13

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 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
 OCCUPATION

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

FATHER 13. NAME Unknown

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER 15. MAIDEN NAME Unknown

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Ernest Jackson Public Home

18. BURIAL, CREMATION, OR REMOVAL Keokuk of Art & Surg DATE Mar 10, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wetter Lin
Keokuk

20. FILE NO. 39/William Fields Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 3, 1939
 22. I HEREBY CERTIFY, That I attended deceased from 3-1, 1939 to 3-3, 1939
 I last saw h. alive on 3-3, 1939 Death is said to have occurred on the date stated above, at 11:30 p.m.
 The principal cause of death and related causes of importance were as follows:

mitral regurgitation Date of onset
 Other contributory causes of importance: 9/20

Name of operation Date of
 What test confirmed diagnosis clinical Was there an autopsy? no

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? no
 If so, specify
 (Signed) J. M. Green, M. D.
 (Address) Keokuk

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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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 comply with the above constitutes grounds for revocation of license.)

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