

ISSUED MAY 11 1939

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

14786
Do not use this space.

1. PLACE OF DEATH
(a) County Dunklin Registration District No. 290
(b) Township Salem Primary Registration District No. 5408
(c) City Demath or (d) Street No. _____ 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 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME LEE FARNEST, LEE, WEAVER
(a) Residence, No. _____ 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 _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 2, 1938

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>1</u>	<u>3</u>	<u>29</u>	

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

MOTHER
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arbyrd Mo
13. NAME Delmer Weaver
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Paducah Ky
15. MAIDEN NAME Gladys Farrell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark

FATHER
17. INFORMANT (ADDRESS) Delmer Weaver Demath Mo Rte #2
18. BURIAL, CREMATION, OR REMOVAL PLACE Ballard DATE May 2, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) J. J. Emerson Paducah Ark
20. FILED May 2, 1939 A. D. Daniel Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-1-39, 19__

22. I HEREBY CERTIFY, That I attended deceased from 4-30-39, 19__, to 5-1-39, 19__
I last saw him alive on 4-30-39, 19__. Death is said to have occurred on the date stated above, at 7 A. m.
The principal cause of death and related causes of importance were as follows:
Acute Illis Lentic
Date of onset _____

Other contributory causes of importance: _____

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? No.
If so, specify _____
(Signed) A. T. Simpson, M. D.
A. D. Daniel (Address) Demath Mo

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.

RECEIVED

District Health Officer No. 3,

District File Number 39-301

Date Filed 2-4-39

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.