

DEC'D JUL 10 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH 399

21193
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 1002
(b) Township Raw Primary Registration District No. _____ Registered No. 2461
(c) City 7th & B. Mo. (d) Street No. General Hospital # 2 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

160 Jannie Weaver
(a) Residence, No. 1721 E. 17th Terrace 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 <u>Female</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Bert Weaver</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>3-14-1894</u>		
7. AGE	YEARS <u>45</u>	MONTHS <u>3</u>
	DAYS <u>1</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Housewife</u>	11. Total time (years) spent in this occupation
	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)	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Oklahoma</u>		
FATHER	13. NAME <u>Austin Durham</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>N. Carolina</u>	
MOTHER	15. MAIDEN NAME <u>Georgina Link</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>N. Carolina</u>	
17. INFORMANT (ADDRESS) <u>Record Clerk General Hosp</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>Muskogee Okla</u> DATE <u>6-17-39</u>		
19. FUNERAL DIRECTOR (ADDRESS) <u>Flynn + Greentree</u> <u>KOMO</u>		
20. FILED <u>June 16 1939</u> <u>M. M. Crowe</u> Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-15, 1939

22. I HEREBY CERTIFY, That I attended deceased from 6-6, 1939 to 6-15, 1939
I last saw her alive on 6-15, 1939 Death is said to have occurred on the date stated above, at 4:00 a m.
The principal cause of death and related causes of importance were as follows:
Uremia
Date of onset

Other contributory causes of importance:
Chronic Nephritis
Hypertensive Heart Disease

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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?
If so, specify _____
(Signed) J. A. Howe, M. D.
(Address) General Hospital # 2

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.

1 X1028

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 Edw. Stevens

Licensed Embalmer No. 3876

P. O. Address 1814 E. 15th St. N. C. 100

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.