

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.

SEP 6 1938

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

28138
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 395

(b) Township Kaw Primary Registration District No. 1002 Registered No. 3140

(c) City Kansas City, Mo. (d) Street No. 3020 Harrison Str., K.C. Mo. St. _____

(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 Eugenia Rosalie Weaver,

(a) Residence, No. 3020 Harrison, K.C. Mo. St. (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 Weaver

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 10th, 1864

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	75	5	25	

OCCUPATION

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

9. Industry or business in which work was done, as saw mill, bank, etc. Housewife

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) Missouri C

FATHER

13. NAME Henry Falk,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER

15. MAIDEN NAME Mary Koeting

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Miss Julita Weaver,
(ADDRESS) 3020 Harrison, K.C. Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Park, DATE August 8-- 1939

19. FUNERAL DIRECTOR (NAME) Mrs. C.L. Forster
(ADDRESS) 918 Brooklyn Avenue, K.C. Mo.

20. FILED 97 19 39 M. M. Crowe
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 5th, 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov 29, 1938, to Aug 4, 1939.

I last saw her alive on Aug 4, 1939. Death is said to have occurred on the date stated above, at 12:30 A.M.

The principal cause of death and related causes of importance were as follows:

Uremic poison
myocarditis chronic
chronic nephritis

Date of onset

Other contributory causes of importance:
chronic myocarditis
arteriosclerosis
hypertension, senility

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) D. F. A. DeLoach M. D.
(Address) 2748 Charlotte St.

Dr. F. A. De Melly,
2728 Charlotte, St.
Gr: 2993
After 1; O'clock.

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 Denzil Brown

Licensed Embalmer No. 2724

P. O. Address 918 Brooklyn

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.