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

31444
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson, Registration District No. 399
(b) Township Kaw, Primary Registration District No. 1002 Registered No. 3542
(c) City Kansas City, Mo. (d) Street No. Lakeside Hospital, 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 1160 FrankM. Weaver,
(a) Residence, No. 540 East 56th St., 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married,
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Lee H. Weaver,
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 24 1866
7. AGE: YEARS 73 MONTHS 1 DAYS 12 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Accountant
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): Vermont 1

FATHER
13. NAME: Henry Weaver, 9
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, 9

MOTHER
15. MAIDEN NAME: Unknown,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown,

17. INFORMANT (ADDRESS): Wallace Weaver (Son) 540 E. 56th St., Kansas City, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Elmwood Cem. DATE Sept. 9, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Stine & McClure, 3235 Gillham Plaza, K. C., Mo.
20. FILED 9/9 1939 M. M. Crowe Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept. 6, 1939
22. I HEREBY CERTIFY, That I attended deceased from Sept. 6, 1939 to Sept. 6, 1939
I last saw him alive on Sept. 6, 1939. Death is said to have occurred on the date stated above, at 11:50 am.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion	?
94B	

Other contributory causes of importance:

Arterial Sclerosis	?

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) V. W. Harnell, M.D.
(Address) 406 Wirthman Bldg

(Licensed Embalmer's Statement on Reverse Side)

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.

50M-1-12-38 I X14028

Dr. Harned,
31st & Troost

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.