

JAN 13 1940

399

Primary Registration District No. 1002Registrar's No. 4625

1. PLACE OF DEATH:

(a) County Jackson,
 (b) City or town Kansas City, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Westgate Hotel,
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution X
 (Specify whether
 In this community X
 years, months or days)

3. (a) PRINT
FULL NAMEMrs. Eleanor B. Weaver,

3. (b) If veteran,

name war X

3. (c) Social Security

No. X4. Sex Female

5. Color or

race White

6. (a) Single, widowed, married,

divorced Married

6. (b) Name of husband or wife

Frank R. Weaver,

6. (c) Age of husband or wife if

alive X years

7. Birth date of deceased

February9th, 1873

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

66926

hr.

min.

9. Birthplace

Indiana,

(City, town, or county)

(State or foreign country)

10. Usual occupation

at home,11. Industry or business X

MOTHER FATHER { 12. Name

Unknown,

13. Birthplace

New York,

(City, town, or county)

(State or foreign country)

14. Maiden name

Kate (Unknown)

15. Birthplace

New York,

(City, town, or county)

(State or foreign country)

16. (a) Informant's own signature

Frank R. Weaver,

(b) Address

Westgate Hotel, Kansas City, Mo.17. (a) Burial,

(Burial, cremation, or removal)

(b) Date thereof

12-5-39

(Month) (Day) (Year)

(c) Place: burial or cremation

St. Louis, Mo.

18. (a) Signature of funeral director

Stine & McClure,

(b) Address

3235 Gillham Plaza, K. C., Mo.19. (a) Dec. 5, 1939

(Date received local registrar)

(b) M. M. Crome

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Jackson,
 (c) City or town Kansas City,
 (If outside city or town limits, write "RURAL")
 (d) Street No. 9th & Main Street, Westgate Hotel
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 5th
 year 1939, hour 2:00 minute A. M.

21. I hereby certify that I attended the deceased from
October 25, 1939, to December 4, 1939;
 that I last saw her alive on December 4, 1939,
 and that death occurred on the date and hour stated above.

Immediate cause of death

Hypertensive Cardio-Vascular
Renal disease -
multiple emboli
Cerebral Hemorrhage

Duration

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy _____

PHYSICIAN

Underline
 the cause to
 which death
 should be
 charged sta-
 tistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____

(Specify type of place)

(e) Means of injury _____

23. Signature Dr. H. Wheeler (M. D. or other)Address 1500 Professional Bldg Date signed 12-5-39

Dr. Edw. H. Hashinger

Edw. H. Hashinger

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 *J. B. Waters*

Licensed Embalmer No. *3092*

P. O. Address *K C Mo*

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.