

FILED FEB 13 1940

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

D. Hall

2319

Do not use this space.

1. PLACE OF DEATH

GREENE

316

(a) County

Registration District No.

(b) Township

Primary Registration District No. 2001

Registered No. 11

(c) City or

SPRINGFIELD

(d) Street No. M^s Callough Cottage Drury 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

1607 Florence Weaver

(a) Residence, No. M^s Callough Cottage Drury

(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

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

A. W. Weaver (Dec)

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

July 12 1877

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

N

62

5

22

OCCUPATION

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

House Mother

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

M^s Callough Cottage

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)

Philadelphia Penna

FATHER

13. NAME

Edward S. Horne

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

Phila. Penna

MOTHER

15. MAIDEN NAME

Ada Scott Maybry

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

New York

17. INFORMANT (ADDRESS)

Maybry Weaver Springfield, Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Maple Park DATE 1-8-40

19. FUNERAL DIRECTOR (NAME) (ADDRESS)

Alma Schreyer Springfield, Mo

20. FILED

118 1940 Chas. A. George, Jr. Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-4 1940

22. I HEREBY CERTIFY, That I attended deceased from 1/4/1940, to 1/4/1940

I last saw her alive on 1/4/1940 Death is said to have occurred on the date stated above, at 11:30 P.M.

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

Acute Coronary Thrombosis Date of onset 1/4/40

Other contributory causes of importance:

Arteriosclerosis + Hypertension 1935

Name of operation No 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? No

If so, specify

(Signed) Durward B. Hall, M. D.

(Address) 500 Hallard Bldg. Springfield, Mo

11-12-2011

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

Chas. C. George

Registered Apprentice No. *204*

working under my personal supervision.

Signed

E. W. May

Licensed Embalmer No. *1767*

P. O. Address *Spring Hill*

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.

X