

NOV 12 1940

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 4132

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1010 St. Louis Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 hours 3
(Specify whether years, months or days) 40 yrs.

3. (a) PRINT FULL NAME WILLIAM WEAVER

3. (b) If veteran, name war None 3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive --- years

7. Birth date of deceased Unknown ? 1876
(Month) (Day) (Year)

8. AGE: Years 64 Months Days If less than one day
hr. min.

9. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Broom Maker 9

11. Industry or business 5

MOTHER FATHER { 12. Name Cristival Weaver
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Jane Edwards
15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lizzie Edwards
(b) Address 706 1/2 Independence Ave.
17. (a) Burial (b) Date thereof 10 28 40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Greenlawn

18. (a) Signature of funeral director Wailart Funeral Home
(b) Address 2332 Monitor Place; K. C. Mo.

19. (a) 10-28-40 (b) M. M. Brown
(Date received local registrar) (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. 914 Union Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ day 9-28-40
year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from 9:35 P.
_____, 19____, to _____, 19____;
that I have been alive on _____, 19____;
and that the death occurred on the date and hour stated above.
Immediate cause of death _____

Fracture of the skull
Injury by fall

Other conditions
(Include pregnancy within 3 months of death) 1860

Major findings:
Of operations _____
Of autopsy Inspiration

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence 9-28-40
(c) Where did injury occur? K.C. Mo.
(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)
_____ (Specify type of place)

23. Signature Wailart (M. D. or other) _____
Address K.C. Mo. Date signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 Blaine E. Weiland

Licensed Embalmer No. 4075

P. O. Address 2332 Monroe St

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.