

No. 2
-13-40
-17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **35823**

NOV 25 1940
556

Registration District No. **556**

Primary Registration District No. **4328**

Registrar's No. **47**

1. PLACE OF DEATH:

(a) County Meruer
(b) City or town Princeton mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Artelle
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 weeks
(Specify whether years, months or days)
In this community 65 years

3. (a) PRINT FULL NAME Ed Weaver

3. (b) If veteran, name war - 3. (c) Social Security No. no

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Edna weaver 6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased Nov 25 1865
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 10 7 hr. min.

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

10. Usual occupation Farmer

11. Industry or business -

MOTHER FATHER { 12. Name John D. Weaver
13. Birthplace Penn. (City, town, or county) (State or foreign country)
14. Maiden name Lynford
15. Birthplace Penn. (City, town, or county) (State or foreign country)

16. (a) Informant John Weaver
(b) Address Princeton mo.

17. (a) Burial (b) Date thereof Oct 4 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial Ravanna Gene

18. (a) Signature of funeral director Noel Mass
(b) Address Princeton mo

19. (a) 10/3-40 (b) J M PERRY
(Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Meruer
(c) City or town Princeton mo
(If outside city or town limits, write "RURAL")
(d) Street No. Celis
(If rural, give location)
(e) If foreign born, how long in U. S. A. - years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day second
year 1940 hour nine minute A. M.

21. I hereby certify that I attended the deceased from September seventh 1940, to October 2 1940;
that I last saw him alive on October 2 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage. 23 days

Due to hypertension 5 1/2

Due to chronic interstitial nephritis 15 yrs

Other conditions None
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: 10/1
Of operations
Of autopsy

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? Y

While at work? _____ (Specify type of place) (e) Means of injury 3

23. Signature Byron J Artell D. O.
Address Princeton, mo. Date signed 10-3-40

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 me

....., Registered Apprentice No.....
working under my personal supervision.

Signed Lee Moss

Licensed Embalmer No. 2634

P. O. Address Greenville 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, fact should be so stated above.