

Registration District No. 408

Primary Registration District No. 3020

State File No.

Registrar's No. 22

19  
1  
3  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jasper  
(b) City or town Carthage Missouri  
(c) Name of hospital or institution:  
728 E Sixth St. 1  
(d) Length of stay: In hospital or institution Sixty years  
In this community Sixty years

3. (a) PRINT FULL NAME Lelia Weaver

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, widowed 2

6. (b) Name of husband or wife J. W. Weaver 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased January 10 1887

8. AGE: Years 84 Months 0 Days 18 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Unknown 1 Illinois

10. Usual occupation At Home

11. Industry or business None

12. Name John D. Valentine

18. Birthplace Decofield Penn. 1

14. Maiden name Unknown

15. Birthplace Unknown 9 Unknown

16. (a) Informant Fred L. Weaver

(b) Address 728 E 6th, Carthage Mo.

17. (a) Burial (b) Date thereof Jan 30 1941

(c) Place: burial or cremation Park Cemetery

18. (a) Signature of funeral director H. M. Montague

(b) Address Carthage Missouri

19. (a) Date received local registrar Jan 30 1941 (b) Registrar's signature E. J. Mc Intire, M.D.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Carthage 1

(d) Street No. 728 E 6th St 3

(e) If foreign born, how long in U. S. A. 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 28 year 1941 hour 8:30 minute P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_; that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion

Due to General atherosclerosis with cerebral hemorrhage

Due to Eighteen years ago

Other conditions (Include pregnancy within 3 months of death)

Major findings: 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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

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

23. Signature P. H. Brester (M. D. or other)

Address Carthage Mo. Date signed Jan 29 1941

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**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

*Emmal R. Knell*

Licensed Embalmer No. 391

P. O. Address

*Barthage*

**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.**