

**FEB 17 1941**

Registration District No. 472 Primary Registration District No. 4285

Registrar's No. \_\_\_\_\_

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

1. PLACE OF DEATH:

(a) County Lawrence  
(b) City or town Stotts City  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ Specify whether  
In this community Since Childhood years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Lawrence  
(c) City or town Stotts City  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years

8. (a) PRINT FULL NAME Lue Weaver

3. (b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

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

6. (b) Name of husband or wife Fred Weaver 6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased march 13 1891  
(Month) (Day) (Year)

8. AGE: Years 49 Months 10 Days 21 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Lawrence Co. Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business \_\_\_\_\_

12. Name Sam Garoutte

13. Birthplace Greene Co. Mo  
(City, town, or county) (State or foreign country)

14. Maiden name Martha Bell Roberts

15. Birthplace unk  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Fred Weaver

(b) Address Stotts City Mo

17. (a) Burial (b) Date thereof Jan 24 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation East View Cemetery

18. (a) Signature of funeral director H. D. Fawcett  
(b) Address 274 Vernon Mo

19. (a) Jan 24 - 1941 (b) Thos H Powell  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 20  
year 1941 hour 9 minute 30 P.M.

21. I hereby certify that I attended the deceased from January 6, 1941, to January 20, 1941; that I last saw her alive on January 20, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Exophthalmic goiter Duration 18 yrs

Due to 63 B

Other conditions Influenza (Include pregnancy within 3 months of death) 2 weeks

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? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 423

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 91

23. Signature Howard Palidun (M. D. or other) DD  
Address Freistatt, Missouri Date signed 1-22-41

RECEIVED

District Health Officer No. 6,

District File Number 241-279

Date Filed FEB 12 1941

*doublet as in*

STATEMENT BY LICENSED EMBALMER *insert*

I hereby certify that the body whose name is recorded on the reverse side of this certificate, was embalmed by me, or by

*Max L Fossett*

Registered Apprentice No. 268

working under my personal supervision.

Signed *R. D. Fossett*

Licensed Embalmer No. 2261

U.S.P. O. Address Mt. Vernon

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.