No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 15 1941

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 9604
Registrar's No. 1013

Registration District No. 399
Primary Registration District No. 1002

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

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**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:
4028 Kensington Avenue /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution --
(Specify whether
In this community 41 Years
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:** 48
(a) State Missouri (b) County Jackson 3
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 4028 Kensington Avenue O
(If rural, give location)
(e) If foreign born, how long in U. S. A.? -- years.

3. (a) PRINT FULL NAME Mrs. Bernice Christine Weaver
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Female /
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Mr. William Henry Weaver
6. (c) Age of husband or wife if alive -- years
7. Birth date of deceased February (Month) 11 (Day) 1872 (Year)

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 69 | 0 | 28 | hr. min. |

9. Birthplace Dayton (City, town, or county) Ohio / (State or foreign country)
10. Usual occupation At Home
11. Industry or business --
FATHER
12. Name Joseph Fisher
13. Birthplace (City, town, or county) Ohio / (State or foreign country)
MOTHER
14. Maiden name Ellen Miller
15. Birthplace Ashland (City, town, or county) Ohio / (State or foreign country)
16. (a) Informant Mrs. Fern Gibson Hanley,
(b) Address 4028 Kensington Avenue
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 13, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Washington Cem.
18. (a) Signature of funeral director D. W. Newcomers Sons
(b) Address 1401 Brush Creek Blvd.
19. (a) Mch 11, 1941 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month March day 10th
year 1941 hour 3 minute 15 A. M.
21. I hereby certify that I attended the deceased from March 8, 1941, to March 10, 1941;
that I last saw her alive on March 9, 1941;
and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Coronary Occlusion | 3 Days |
| Due to | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: Of operations | |
| Of autopsy None | |

94 D

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)
(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?
(Specify type of place)
While at work? (e) Means of injury O
23. Signature Ralph Pury M.D. (M. D. or other)
Address 4800 E 24 Date signed 3-10-41

(Licensed Embalmer's Statement on Reverse Side)

4800 East 24th Street
1:30-5

## 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 Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address K C Mo

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**