. S. No. 2
I—11-10-39
v. 5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 13 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17641

Registration District No. 218 | Primary Registration District No. 3015 | Registrar's No. 60

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

1. PLACE OF DEATH:

(a) County Cooper

(b) City or town Boonville Mo (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Dr. Alex Van Rensselaer Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 days (Specify whether years, months or days)

In this community Saline Co. 64 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper 97 0

(c) City or town Rural-Marshall (If outside city or town limit, write "RURAL") 3

(d) Street No. R. F. D. (If rural, give location)

(e) If foreign born, how long in U. S. A.? 1 years

3. (a) PRINT FULL NAME James Albert Weaver

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Sept 1 (Month) (Day) 1877 (Year)

8. AGE: 84 Years | Months 8 | Days 22 | If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER

12. Name Jonah Weaver

13. Birthplace Madison Co. (City, town, or county) Virginia (State or foreign country)

14. Maiden name Eliza Cutterbuck

15. Birthplace Madison Co. (City, town, or county) Virginia (State or foreign country)

16. (a) Informant Short Funeral Home

(b) Address Marshall Mo

17. (a) Burial Mo. (Burial, cremation, or removal) (b) Date thereof 5-21-41 (Month) (Day) (Year)

(c) Place: burial or cremation Marshall, Mo.

18. (a) Signature of funeral director Don Short

(b) Address Marshall Mo

19. (a) 5-22-41 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21 year 1941 hour 6:00 minute P. M.

21. I hereby certify that I attended the deceased from May 11, 1941, to May 21, 1941; that I last saw him alive on May 21, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma Stomach	7
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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

23. Signature M L Dickerson (M. D. or other) MD

Address Boonville Mo Date signed 5/21/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8.
District File Number
Date Filed 6-11-41

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. 3-7-5-7

working under my personal supervision.

Signed Don Short

Licensed Embalmer No. 3-7-5-

P. O. Address Marshall 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, above space should be left blank.