

2
4-41
7-39
K26390

FILED AUG 16 1941

State File No.

Registration District No. 277

Primary Registration District No. 1002

Registrar's No. 2667

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
K.C. General Hospital No. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 14 days
(Specify whether years, months or days)

In this community 34 Years 0

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 042

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 3426 Charlotte Street
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0
If (yes, name country) --

3. (a) PRINT FULL NAME MABLE WEAVER

3. (b) If veteran, name war No

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13th year 1941 hour 1 minute 35 P. M.

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

6. (b) Name of husband or wife Mr. John Weavery, Sr. 6. (c) Age of husband or wife if alive -- years

7. Birth date of deceased November 4 1906
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 4-29-41 19 to 7-13-41 19 that I last saw her alive on 7-13-41 and that death occurred on the date and hour stated above.

8. AGE: Years 34 Months 8 Days 9 If less than one day hr. min.

Immediate cause of death Multiple lung abscesses
Non-tuberculous

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

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

10. Usual occupation Waitress

11. Industry or business

Major findings: Of operations

Of autopsy See above

MOTHER FATHER { 12. Name George W. Bonney

13. Birthplace Creston Iowa
(City, town, or county) (State or foreign country)

14. Maiden name Della Sandidage

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

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Della Bonney

(b) Address 3426 Charlotte Street

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

17. (a) Burial (b) Date thereof July 15, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(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?

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director W. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

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

19. (a) July 15 1941 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

23. Signature Diery R. Thore (M. D. or other)

Address Med. Dir. K.C. Gen. Hospital Date signed

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.....

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

Signed

Emile M. Calhoun

Licensed Embalmer No.

3506

P. O. Address

F. C. 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.