

No. 2
13-40
17-39
X25159

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

32112

State File No.

FILED OCT 16 1941

Registration District No. 605

Primary Registration District No. 4359

Registrar's No.

1. PLACE OF DEATH:

(a) County New Madrid
(b) City or town Parma
(If outside city or town limits, write "RURAL" and name of township)
(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 1
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 12
year 1941 hour 2:00 minute 0 A. M.
21. I hereby certify that I attended the deceased from
I did not attend deceased
that I last saw h. alive on 19
and that death occurred on the date and hour stated above.

Immediate cause of death
Cholera
(From history)
Due to 2
Due to 1190

Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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? (c) Means of injury 9
23. Signature Dr. Geo. Husted - Local Registrar
(M. D. or other)
Address Parma, Mo Date signed 9/12/41

3. (a) PRINT FULL NAME Nathel Erlene Weaver

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

4. Sex FI 5. Color or race W 6. (a) Single, widowed, married, divorced 50

6. (b) Name of husband or wife
6. (c) Age of husband or wife if

7. Birth date of deceased April 25 1941
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
5 13 hr. min.

9. Birthplace Poplar Bluff Mo
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

12. Name Own Weaver

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

14. Maiden name Emmie Sherrill

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

16. (a) Informant Own Weaver

(b) Address Parma Mo

17. (a) Burial (b) Date thereof 9-12-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Eden Cem

18. (a) Signature of funeral director none

(b) Address

19. (a) 9/12/41 (b) Dr. Geo. Husted
(Date received local registrar) (Registrar's signature)

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

12
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RECEIVED

District Health Office No. 2,

District File Number 1401-1412

Date Filed 10/8/41

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.

working under my personal supervision.

Signed.....

Licensed Embalmer No.

P. O. Address.....

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

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