S. No. 2
9-4-41
5-17-39

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

20579

State File No.

FILED JUN 26 1942

Registration District No. 29

Primary Registration District No. 5053

Registrar's No. 4V

1. PLACE OF DEATH:

(a) County Barry

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

(c) Name of hospital or institution: Washburn 1
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County 50

(c) City or town 0
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Eliza Ann Weathers

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife Thomas M. Weathers

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

7. Birth date of deceased March (Month) 15 (Day) 1860 (Year)

8. AGE: Years 82 Months 1 Days 22 If less than one day hr. min.

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

10. Usual occupation Home

11. Industry or business ✓

FATHER
12. Name John Cargile
13. Birthplace Don't Know (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Emma Lee Cargile
15. Birthplace Don't Know (City, town, or county) 9 (State or foreign country)

16. (a) Informant Pearl Weathers
(b) Address Washburn

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May-24-42 (Month) (Day) (Year)
(c) Place: burial or cremation Washburn Prairie

18. (a) Signature of funeral director W. Kron
(b) Address Cassville Mo.

19. (a) June 8. 1942 (Date received local registrar) Grace Williams (Registrar's signature)

1877

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23 year 1942 hour 1 minute 15 P. M.

21. I hereby certify that I attended the deceased from 1920, to May 22, 1942 that I last saw her alive on May 22, 1942 and that death occurred on the date and hour stated above.

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

1200

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 0

23. Signature Glenn H. Salyer (M. D. or other) M.D.

Address Cassville Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 642-898
Date Filed JUN 24 1942

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 John E. Myers

Licensed Embalmer No. 3220

P. O. Address Carrville, 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.

. S. No. 2B
0M—8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20579

Registration District No. 29 Primary Registration District No. 5053 Registrar's No.

1. PLACE OF DEATH:
(a) County: Barry
(b) City or town: Rural Washburn Twp
(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 (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Barry
(c) City or town: Washburn, Mo
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Eliza A. Weathers
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex: F
5. Color or race: W
6. (a) Single, widowed, married, divorced: W
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: Mar (Month) 15 (Day) 1860 (Year)
8. AGE: Years 82 Months 1 Days 22 If less than one day hr. min.
9. Birthplace (City, town, or county) Mo. (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) June 8 - 1942 (Date received local registrar) (b) Grace Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May Day 23 year 1942 hour minute M.
21. I hereby certify that I attended the deceased from 19 to 19; that I last saw him alive on 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
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. D. or other)
Address Date signed

SUPPLEMENTARY