

BUREAU OF THE CENSUS
FILED AUG 18 1942

State File No. _____

Registration District No. 134

Primary Registration District No. 5494

Registrar's No. 78

1. PLACE OF DEATH:

(a) County Harrison
(b) City or town Rural Madison Township
(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)
In this community 39 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Mayme Malinda Weathers

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Vilas Weathers 6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased January 27 1888
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
54 5 13 hr. _____ min.

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

10. Usual occupation Housekeeper

11. Industry or business _____

MOTHER FATHER { 12. Name Jim Spring
13. Birthplace Ohio
(City, town, or county) (State or foreign country)

{ 14. Maiden name Martha Felson
15. Birthplace Des Moines Iowa
(City, town, or county) (State or foreign country)

16. (a) Informant Vilas Weathers
(b) Address Cainsville, Missouri.

17. (a) Burial (b) Date thereof July 12 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Zoar Cemetery

18. (a) Signature of funeral director _____
(b) Address Cainsville, Missouri.

19. (a) 7/12/1942 (b) S. O. Shaw
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10
year 1942 hour 7 minute _____ P. M.

21. I hereby certify that I attended the deceased from _____, 1938 to July 10, 1942
that I last saw her alive on July 10, 1942
and that death occurred on the date and hour stated above.
Immediate cause of death -Uremia Duration _____

Due to Hypertension, Cholelithiasis, Endocarditis with Chronic Valvular Disease.

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 126 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 Dr. W. Smith (M. D. or other) _____
Address Cainsville, Missouri. Date signed 7/11/42

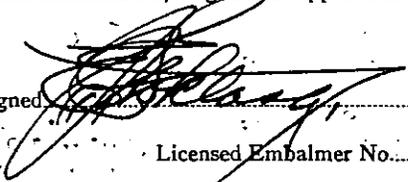
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 ~~for~~ ~~##~~ ~~##~~ ~~##~~

Eddie Joseph Stoklasa, Registered Apprentice No. _____

working under my personal supervision.

Signed 

Licensed Embalmer No. 3602

P. O. Address Cainsville, Missouri.

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.