

S. No. 2
M-9-4-41
ev. 5-17-39
X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

30030

State File No.

FILED OCT 14 1942

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 277

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Francis Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 days
(Specify whether years, months or days)
In this community 23 years 3 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Scott
(c) City or town Jillmo
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME George Sylvester Weaver

3. (b) If veteran, name war. 3. (c) Social Security No. 489-26-3813

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced. Married
6. (b) Name of husband or wife. Bessie Weaver 6. (c) Age of husband or wife if alive. 40 years
7. Birth date of deceased. 12 14 1895
(Month) (Day) (Year)

8. AGE: Years 46 Months 9 Days 12 If less than one day hr. min.

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

10. Usual occupation laborer

11. Industry or business.

MOTHER FATHER
12. Name James Weaver
13. Birthplace Jillmo Mo
(City, town, or county) (State or foreign country)
14. Maiden name Margaretta Harris
15. Birthplace Jillmo Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Bessie Weaver
(b) Address Jillmo Mo

17. (a) Borish (b) Date thereof 9-27-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Lightner Cem. Jillmo Mo

18. (a) Signature of funeral director B. J. Haffner & Hobbers
(b) Address Jillmo Mo

19. (a) 9-28-42 (b) F. H. Phelps
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 26 year 42 hour 12 minute 45 A. M.

21. I hereby certify that I attended the deceased from 9/18 1942 to 9/26 1942
that I last saw him alive on 9/25 1942
and that death occurred on the date and hour stated above.

Immediate cause of death. Ch. valvular Curdine Disease

Due to.

Due to. Nephritis Ch.
Other conditions.
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: 1318
Of operations.
Of autopsy.
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?

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

23. Signature Al. Queth (M. D. or other) MD
Address Cape Girardeau Date signed 9/29/42

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

16
1
4

P

1014

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 1042-128

Date Filed 10-13-42

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.....

Mamie Berlinghoff

Licensed Embalmer No. 3242

P. O. Address Chaffee 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.