

FILED OCT 13 1942
Registration District No. 316

Primary Registration District No. 2000

Registrar's No. 697

9
2
6
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County GREENE

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

(c) Name of hospital or institution: 1103 E. Pine
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None
(Specify whether years, months or days)

In this community 45 years

3. (a) PRINT FULL NAME Martha Jane Weaver

3. (b) If veteran, name war None

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 Elbert Weaver

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

7. Birth date of deceased January 25, 1895
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|----------|----------------------------|
| | <u>47</u> | <u>8</u> | <u>2</u> | <u>—</u> hr. <u>—</u> min. |

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

10. Usual occupation Housewife

11. Industry or business In Home

12. Name Mabel McGinnis

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

14. Maiden name Ellen Viles

15. Birthplace Christian County, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Elbert Weaver

(b) Address Springfield, Missouri

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof 9 / 29 / 42
(Month) (Day) (Year)

(c) Place: burial or cremation Yeakley Chapel Cemetery

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home

(b) Address Springfield, Missouri

19. (a) 9-29-42
(Date received local registrar)

(b) W. W. Handley
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

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

(d) Street No. 1103 E. Pine
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 27th
year 1942 hour 10:30 minute _____ A. M.

21. I hereby certify that I attended the deceased from 9/26/42
to 9/27/42, 19____, that I last saw her alive on 9/27/42, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Cancer Liver

Duration not known

Due to _____

Due to _____

Other conditions Kidney
(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? _____

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature W. W. Handley (M. D. or other) _____

Address Springfield Date signed 10/1/42

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 *Lewis J. Schirpf*.....

Licensed Embalmer No. *3862*.....

P. O. Address *Springfield, 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.