

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

FILED DEC 18 1942
179

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39589

State File No. _____

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 4529

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Wesley Hospital, 11th & Harrison Sts.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 2 Months (Specify whether
35 Years (Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 24
(a) State Missouri (b) County Jackson
(c) City or town North Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. Rural Route No. 5
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mr. Weaver M. Briant

3. (b) If veteran, name war None 3. (c) Social Security No. 486-10-0758

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

6. (b) Name of husband or wife Mrs. Marguerite Briant 6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased July 19 1889
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>53</u>	<u>4</u>	<u>17</u>	_____ hr. _____ min.

9. Birthplace Cameron Keystone Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Manager 25 Years

11. Industry or business Dean Rubber Company, No. K. C.

12. Name Alonzo Briant

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

14. Maiden name Elizabeth Kendig

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

16. (a) Informant Mrs. W. J. Dean

(b) Address North Kansas City, Missouri

17. (a) Burial (b) Date thereof Dec. 9, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Moriah Cemetery

18. (a) Signature of funeral director D. W. Newcomb

(b) Address 1401 Brush Creek Blvd

19. (a) 12-7-42 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 6
year 1942 hour _____ minute 55 P. M.

21. I hereby certify that I attended the deceased from March 15
1937 to December 6, 1942
that I last saw him alive on December 5, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Generalized peritonitis Duration 2 day

Due to gangrenous diverticulitis with myocardial infarction 6 weeks
Due to coronary artery occlusion and coronary artery sclerosis 6 weeks

Other conditions Pulmonary infarcts 2 days
(Include pregnancy within 3 months of death)
Mo. cerebral embolism 5 weeks

Major findings: _____

Of operations _____

Of autopsy as above

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)
(e) Means of injury _____

23. Signature Graham Asher M.D.

Address 1220 Prof Bldg Date signed 12-6-42

Page 1

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 Ernest C. Shipley

Licensed Embalmer No. 4234

P. O. Address 14 C 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.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State of Mo
County of Jackson SS.

State File No. _____
Local Registrar's No. 4529

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 22 day of Dec, 1942, before me appears Mrs. Marguerite Briant, who, upon Rev oath, states that the original record of birth for Weaver, died 12-6, 1942, in the State of Missouri, and which was filed at Ke on 12-7, 1942, should be corrected as follows:

- Item No. 1 should read Keystone, Mo
Instead of Cameron, Mo
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Marguerite Briant Wife
Relationship.
Route 5, North Kansas City, Mo.
Present Address.

Subscribed and sworn to before me this 22nd day of Dec, 1942

My Commission expires My Commission Expires Jan. 15, 1946
Rose A. Marks, Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

5 39569