No. 2
4-13-40
5-17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

14601

State File No.

FILED MAY 13 1943

Registration District No. 155

Primary Registration District No. 5576

Registrar's No. 6

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

1900

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: 3 miles North of Purcell
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 45 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 49

(a) State Missouri (b) County Jasper 0 0

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

(d) Street No. 3 miles North of Purcell
(If rural, give location)

(e) If foreign born, how long in U. S. A.? no 0 years.

3. (a) PRINT FULL NAME Mrs. Sarah Elizabeth Weaver

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex F.

5. Color or race W.

6. (a) ~~Single, widowed~~, married, ~~divorced~~ Married

6. (b) Name of husband or wife Charley Weaver

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

7. Birth date of deceased December 28, 1869
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
73	3	8	hr. min.

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

10. Usual occupation housewife

11. Industry or business at home

FATHER
12. Name Jacob Horning
13. Birthplace no data (City, town, or county) Austria (State or foreign country)

MOTHER
14. Maiden name Anna Good
15. Birthplace no data (City, town, or county) Ohio (State or foreign country)

16. (a) Informant Hus. Charley Weaver
(b) Address Purcell, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/8/43 (Month) (Day) (Year)
(c) Place: burial or cremation Weaver Cemetery

18. (a) Signature of funeral director Hedge Nelson
(b) Address Webb City, Mo.

19. (a) April 8, 1943 (Date received local registrar) (b) Mrs. Lillie Lagle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 6
year 1943 hour 8:45 minute A. M.

21. I hereby certify that I attended the deceased from More or
At times since 1905, to Apr 6 1943, 19 ;
that I last saw her alive on Apr 6 1943, 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage. Hypertension and Mitral Insufficiency

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 [signature] (M. D. or other)
Address Neck City Apr 6 Date signed 4/6/43

(Licensed Embalmer's Statement on Reverse Side)

43-4-378

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 E. H. Wedge

Licensed Embalmer No. 2859

P. O. Address Webb City Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.