V. S. No. 2
0M—5-42
ev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ED MAY 8 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 14739

Registration District No. 178 Primary Registration District No. 4286 Registrar's No. 42

1. PLACE OF DEATH:

(a) County Lewis

(b) City or town La Grange (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 Life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lewis

(c) City or town La Grange (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 0

3. (a) PRINT FULL NAME VANICE ELAINE WEATHERS

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race Colored

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

6. (b) Name of husband or wife

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

7. Birth date of deceased April 3rd. 1943 (Month) (Day) (Year)

8. ACE: Years | Months | Days | If less than one day hr. 20 min.

9. Birthplace La Grange, (City, town, or county) Missouri (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name George Weathers
13. Birthplace La Grange (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Mildred Bell
15. Birthplace Louisana (City, town, or county) Missouri (State or foreign country)

16. (a) Informant George Weathers
(b) Address La Grange, Missouri.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 4th. 1943 (Month) (Day) (Year)
(c) Place: burial or cremation La Grange, Missouri

18. (a) Signature of funeral director [signature]
(b) Address La Grange, Missouri

19. (a) 4-20-43 (Date received local registrar) (b) P. W. Jennings MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 3 year 1943 hour minute M.

21. I hereby certify that I attended the deceased from April 3, 1943, to April 3, 1943 that I last saw her alive on April 3, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Asphyxia Neonatorum	
Due to: No attendant at birth No adult with mother for an hour	
Due to	
Other conditions (Include pregnancy within 3 months of death) 160 C	
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature W. L. Ellery (M. D. or other)

Address La Grange MO Date signed 4/4/43

(Licensed Embalmer's Statement on Reverse Side)

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~~ not embalmed by me. A.A.Roberts, Registered Apprentice No.....,
working under my personal supervision.

Signed A.A.Roberts

Licensed Embalmer No. 1626

P. O. Address La Grange, 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.