

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

ED JUL 6 1943

Registration District No. 143

Primary Registration District No. 4232

Registrar's No. 24

1. PLACE OF DEATH:

(a) County Howell
 (b) City or town Willow Springs, Mo.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution No (Specify whether
 In this community 23 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howell
 (c) City or town Willow Springs, Mo.
(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

Sam Weaver

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male 5. Color or race W
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Carrie Weaver
 6. (c) Age of husband or wife if alive 64 years
 7. Birth date of deceased Jan 4th 1872
(Month) (Day) (Year)

8. AGE: Years 71 Months 5 Days 17
 If less than one day _____ hr. _____ min.

9. Birthplace Howell CO, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Insurance Business

MOTHER FATHER

11. Industry or business _____
 12. Name Dan Weaver
 13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
 14. Maiden name Lydia Goldsberry
 15. Birthplace North Carolina
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Carrie Weaver
 (b) Address Willow Springs, Mo.
 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/25th 43
(Month) (Day) (Year)
 (c) Place: burial or cremation Mountain View, Mo.

18. (a) Signature of funeral director John F. Duncan
 (b) Address Mountain View, Mo.

19. (a) 6-26-43 (Date received local registrar) (b) Manette Ferguson
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21st
 year 1943 hour 1 minute a M.

21. I hereby certify that I attended the deceased from 6-21, 1943 to 6-21, 1943;
 that I last saw h. / m. alive on 6-20, 1943;
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion
 Duration 2 min?

Due to _____
 Due to _____

Other conditions 94A
(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)
 (e) Means of injury _____

23. Signature C. F. Lallihan (M. D. or other)
 Address Willow Springs, Mo. Date signed 6-25-43

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

46
2
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RECEIVED

District Health Officer No. 5,

District File Number 749395 -

Date Filed: 6-3-49

JUL 20 1949

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 John J. Ahrens

Licensed Embalmer No. 2516

P. O. Address Monte Vista Cmo

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.