

7. S. No. 2
DOM-5-43
ev. 5-17-39
I X36671

FILED FEB 18 1944

Registration District No. 129

Primary Registration District No. 1007

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

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:
4341 COLLEGE AVENUE
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether years, months or days) 21 YEARS

In this community..... (Specify whether years, months or days) 21 YEARS

3. (a) PRINT FULL NAME MRS. SARAH MARGARET WEAVER

3. (b) If veteran, name war..... No

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 MR. L. D. WEAVER

6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased JULY 31 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

73 6 0 hr. min.

9. Birthplace LACLEDE COUNTY MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business

12. Name SAM MORELOCK J.

13. Birthplace LACLEDE COUNTY MISSOURI
(City, town, or county) (State or foreign country)

14. Maiden name NYCA JANE HYSLIP J.

15. Birthplace LACLEDE COUNTY MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant Clara J. Weaver

(b) Address 215 No. Merriam St. N. W. M.

17. (a) BURIAL (b) Date thereof FEB. 3. 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation NIT. MORIAH CEMETERY

18. (a) Signature of funeral director D. H. Newcomer, Lane

(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 2-2-44 (b) F. E. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48

(c) City or town KANSAS CITY 8
(If outside city or town limits, write "RURAL")

(d) Street No. 4341 COLLEGE AVENUE
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country..... 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB day 1ST
year 1944 hour 7 minute 45 A. M.

21. I hereby certify that I attended the deceased from Pathologist 19.....
that I last saw him..... alive on..... 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death Cachexia & toxemia

Due to Primary carcinoma of liver

Due to.....

Other conditions Metastases to lungs
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy as above 46f

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 Maurice H. Jones (M. D. or other)
Address 909 1/2 E. 13th St. Date signed 2-1-44

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.....

Licensed Embalmer No. 4043

P. O. Address K O 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.