

FILED AUG 12 1944

Registration District No. 220

Primary Registration District No. 6148

Registrar's No. _____

1. PLACE OF DEATH: Stoddard
 (a) County _____
 (b) City or town Dexter Rural (center town)
(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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Stoddard ¹⁰³
 (c) City or town Dexter, Rural
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Lillie Weaver

20. DATE OF DEATH: Month July day 6th
 year 1944 hour 8 minute 45 A. M.

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

21. I hereby certify that I attended the deceased from June 20, 1944, to July 8, 1944
 that I last saw her alive on July 6th, 1944
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Louis Weaver 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased: Oct. 10 1875
(Month) (Day) (Year)

Immediate cause of death Chronic myocardial ^{Duration} 1.5 yrs.
carditis

8. AGE: Years	Months	Days	If less than one day
<u>68</u>	<u>8</u>	<u>26</u>	hr. _____ min. _____

Due to _____

9. Birthplace Missouri ⁰
(City, town, or county) (State or foreign country)

Due to Chronic cholecystitis

10. Usual occupation Housewife

Other conditions 93d
(Include pregnancy within 3 months of death)

11. Industry or business _____

Major findings: Of operations 93d Of autopsy none
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

12. Name H. F. Ott

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

14. Maiden name Liza Davis

15. Birthplace Missouri ⁰
(City, town, or county) (State or foreign country)

16. (a) Informant L. P. Weaver

(b) Address Dexter, Mo. Rural

17. (a) Burial (b) Date thereof 7-8-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dexter Cemetery

18. (a) Signature of funeral director Chiles Und. Co.

(b) Address Bloomfield, Mo.

19. (a) 1128/1944 (b) Pearl Chuse
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) NO

(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? NO

While at work? NO (Specify type of place) _____
 (e) Means of injury _____

23. Signature B. S. Davis (M. D. or other) _____

Address Dexter Mo Date signed 7-8-44

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

13
0
0

1120

RECEIVED

District Health Office No. 2,

District File Number 844-1078

Date Filed 8-9-44

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..... Dwain C. Cooper.....

Licensed Embalmer No. 4119.....

P. O. Address Bloomfield, 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.