

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED SEP 1 1944

Registration District No. 279

Primary Registration District No. 3052

Registrar's No. 266

1. PLACE OF DEATH:

(a) County PELTIS
(b) City or town SEDALIA
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 612 E 112TH
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days

3. (a) PRINT FULL NAME OLIVER P. WEAVER

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

4. Sex MALE 5. Color or race W 6. (a) Single, widowed, married, divorced MAR.
6. (b) Name of husband or wife OMA 6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased 4-3-1882
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
62 4 0 hr. min.

9. Birthplace BENTONVILLE MO
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business SELF

12. Name THOMAS B WEAVER

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

14. Maiden name MARY W. BARKER

15. Birthplace BENTONVILLE MO
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. OMA WEAVER

(b) Address LINCOLN, MO

17. (a) Removal (b) Date thereof 8-4-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln, Mo

18. (c) Signature of funeral director J. B. Calbert

(b) Address Lincoln, Mo

19. (a) 8-4-44 (b) Mrs. Anna Beyer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: BENTON

(a) State MO (b) County PELTIS
(c) City or town LINCOLN
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG day 3 year 1944 hour 3 minute 50 P.M.

21. I hereby certify that I attended the deceased from March 20, 1943, to Aug 3, 1944
that I last saw him alive on Aug 3, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Heart failure

Due to Chronic Myocarditis
Coronary occlusion

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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) (c) Means of injury _____

23. Signature Chas. DeShone (M. D. or other) 0
Address Sedalia Mo Date signed 8/3/44

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

RECEIVED
District Health Officer No. 8,
District _____
Filed _____
8-31-44

SEP 1 1944

SEP 5 1944

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. 3867
P. O. Address Sealalaia

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.