V. S. No. 2
00M—5-43
ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 14 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 33485

Registration District No. 149 Primary Registration District No. 1602 Registrar's No. 4392

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~~: VINEYARD PARK HOSPITAL (If not in hospital or institution, write street number or location) 0

(d) Length of stay: In hospital or ~~institution~~ 4 WEEKS (Specify whether

In this community 35 YEARS. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48

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

(d) Street No. 4031 TRACY AVENUE (If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME MR. ALFRED MARCUS WEAVER

3. (b) If veteran, name war NONE

3. (c) Social Security No. 495-03-2779

4. Sex MALE 0

5. Color or race WHITE

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

6. (b) Name of husband or wife MRS. JOSEPHINE P. WEAVER

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased MARCH (Month) 4 (Day) 1884 (Year)

8. AGE: Years 60 Months 7 Days 25 If less than one day hr. min.

9. Birthplace LINCOLN (City, town, or county) NEBRASKA (State or foreign country)

10. Usual occupation PAINTER

11. Industry or business

FATHER
12. Name JOHN WEAVER
13. Birthplace (City, town, or county) UNKNOWN (State or foreign country)

MOTHER
14. Maiden name RACHEL KENYON
15. Birthplace (City, town, or county) UNKNOWN (State or foreign country)

16. (a) Informant MRS. JOSEPHINE P. WEAVER

(b) Address 4031 TRACY AVENUE

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 10-31-44 (Month) (Day) (Year)

(c) Place: burial or ~~cremation~~ FOREST HILL CEM.

18. (a) Signature of funeral director D. H. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 10-31-44 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCT. day 29TH year 1944 hour 7 minute 10 P. M.

21. I hereby certify that I attended the deceased from Oct 1 1944 to Oct 29 1944 that I last saw him alive on Oct 29 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchopneumonia	2 days
Due to Septic Cystitis	2 Mos
Due to Multiple Villous Tumors of Bladder (Malignant)	1 yr
Other conditions (Include pregnancy within 3 months of death) Arteriosclerosis 5 20	

Major findings: Of operations Removed 5 times

Of autopsy Microscopic sections

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 0

23. Signature J. E. Sheldon (M. D. ~~or other~~)

Address 922 Walnut Date signed

(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 .....

..... ; Registered Apprentice No. ....., working under my personal supervision.

Signed Oscar Forthey

Licensed Embalmer No. 1767

P. O. Address K C 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.