

S. No. 2
4-8-43
5-17-39
PI X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42327
Registrar's No. 203

FILED JAN 18 1945
Registration District No. 203

Primary Registration District No. 6225

1. PLACE OF DEATH:

(a) County Vermon
 (b) City or town West Washington
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: State Hospital #3
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 mo 20 day
 (Specify whether in this community years, months or days) 2 mo 20 day

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jasper
 (c) City or town Oranogo 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 ✓ 11

3. (a) PRINT FULL NAME DELILAH C. WEAVER
 (b) If veteran, name war ✓
 (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Decr day 13
 year 1944 hour _____ minute _____ M.
 21. I hereby certify that I attended the deceased from Sept 23 1944 to Decr 13 1944
 that I last saw her alive on Decr 13 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 Wid
 (b) Name of husband or wife second
 6. (c) Age of husband or wife if alive ✓ years _____
 7. Birth date of deceased June 3 1865
 (Month) (Day) (Year)

Immediate cause of death Arterio Sclerotic Deterioration
 Duration ?

8. AGE: Years 79 Months 6 Days 10
 If less than one day _____ hr. _____ min.

Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) 162a

9. Birthplace Rockingham Va
 (City, town or county) (State or foreign country)

10. Usual occupation Home

Major findings: Of operations no
 Of autopsy no
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

11. Industry or business _____
 12. Name Abraham Breneman
 13. Birthplace Va
 (City, town or county) (State or foreign country)
 14. Maiden name Mary Harber
 15. Birthplace Va
 (City, town or county) (State or foreign country)

16. (a) Informant Willie A Weaver
 (b) Address Oranogo Mo
 17. (a) Removal (b) Date thereof 12-13-44
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Oranogo Mo

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? _____

18. (a) Signature of funeral director A. H. Mills
 (b) Address Oranogo Mo
 19. (a) 12-15-44 (b) Bozal B. Beach
 (Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
 (e) Means of injury 0
 23. Signature R. G. Hall (M. D. or other)
 Address Nevada Mo Date signed 12/13/44

RECEIVED

District Health Officer No. 7,

12-14-42
1-8-43

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.....

Dayton Houston....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *A. K. Miles*.....

Licensed Embalmer No. *247*.....

P. O. Address..... *New City 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.