

FILED SEP 8 1945

Registration District No. 164

Primary Registration District No. 3032

Registrar's No. 78

1. PLACE OF DEATH:

(a) County Johnson
(b) City or town Warrensburg
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
606 McGuire
(If not in hospital of institution, write street number or location)
(d) Length of stay: Six Years (Specify whether
In this community Six Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson 51
(c) City or town Warrensburg 2
(If outside city or town limits, write "RURAL")
(d) Street No. 606 N McGuire 2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Laura Grace Weaver

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

4. Sex F 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife A. W. Weaver 6. (c) Age of husband or wife if alive Dece! years

7. Birth date of deceased April 8 1878
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 4 20 hr. min.

9. Birthplace Paola Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

MOTHER FATHER { 12. Name James McClaren
13. Birthplace Ohio South Union Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Jane Officer
15. Birthplace Illinois, South Union Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Inez Hampson

(b) Address Warrensburg, Mo.

17. (a) Removal, Kan (b) Date thereof Aug. 30, 45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wagstaff, Kansas, Sweeney-Phillips

18. (c) Signature of funeral director Warrensburg, Mo

(b) Address Warrensburg, Mo
19. (a) Aug 29 1945 (b) Leola M Williams
(Date registered local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 28, 1945
year _____ hour _____ minute 6 P M.

21. I hereby certify that I attended the deceased from July 20 1945 to Aug 28 1945
that I last saw her alive on Aug 28 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Cervical thrombosis 5m
Duration _____

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy 940
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 _____

23. Signature [Signature] (M. D. or other) _____
Address Warrensburg, Mo Date signed Aug 29

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

NOV 4 6 1945

NOV 6 1945

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.....

R. Q. Phillips

Licensed Embalmer No.....

2320

P. O. Address.....

Warrensburg, 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.