S. No. 2
M—5-42
v. 5-17-39
I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30612

FILED SEP 25 1945

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 735

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

1. PLACE OF DEATH:
(a) County GREENE
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2169 N. Summit
(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)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Greene
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 2169 N. Summit
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Edna Andy Weaver
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race Negro
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Oscar Weaver
6. (c) Age of husband or wife if alive 89 years
7. Birth date of deceased Dec. (Month) 8 (Day) 1870 (Year)

8. AGE: Years 74 Months 9 Days 6 If less than one day ___ hr. ___ min.

9. Birthplace UNK. (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Cage Burnett
13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Ellen Dishman
15. Birthplace UNK. (City, town, or county) UN. (State or foreign country)
16. (a) Informant Hayes Dalton
(b) Address Marshfield, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 17, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Danforth Cem
18. (a) Signature of funeral director W. A. Campbell
(b) Address 805 Wash. Ave., Spfd., Mo.
19. (a) 9-17-45 (Date received local registrar) (b) Dr W E Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 14 year 1945 hour 8 minute 45 a. M.
21. I hereby certify that I attended the deceased from July 6 — 45 ___, 19___, to Sept 14, 1945, that I last saw her alive on Sept 14, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Brights disease of kidneys	
Due to —	
Due to —	
Other conditions Valvular Heart trouble (Include pregnancy within 3 months of death)	
Major findings: Of operations —	
Of autopsy no	

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) no
(b) Date of occurrence —
(c) Where did injury occur? no (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? no (e) Means of injury —
23. Signature U F Kerr (M. D. or other)
Address Springfield, Mo. Date signed Sept 15 1945

(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: W. P. Campbell

Licensed Embalmer No. 1747

P. O. Address Springfield 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.