S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 11 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

3051

State File No.

Registration District No. 155 Primary Registration District No. 4245 Registrar's No. 16

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Oronogo (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1 (If not in hospital or institution, write street number or location)

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

In this community life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Oronogo (If outside city or town limits, write "RURAL") 1

(d) Street No. (If rural, give location) 0

(e) Citizen of foreign country? 20 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Frances Ellen Weaver

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

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

6. (b) Name of husband or wife Widowed 6. (c) Age of husband or wife if alive years

7. Birth date of deceased February 25 1856 (Month) (Day) (Year)

8. AGE: Years 89 Months 10 Days 28 If less than one day hr. min.

9. Birthplace Farmville (City, town, or county) Ohio (State or foreign country)

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name John W. Printz
13. Birthplace Unknown (City, town, or county) (State or foreign country) 9

MOTHER
14. Maiden name Mary Smith
15. Birthplace (City, town, or county) Vermont (State or foreign country)

16. (a) Informant Farley Weaver

(b) Address R#1 Oronogo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 24 1946 (Month) (Day) (Year)

(c) Place: burial or cremation Weaver Cem

18. (a) Signature of funeral director Webb City Und Co

(b) Address Webb City Mo.

19. (a) JAN 23; 1946 (Date received local registrar) (b) [illegible] (Registrar's signature)

131

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 22 year 1946 hour 10 40 minute a. M.

21. I hereby certify that I attended the deceased from Jan 1938 to 1-22 1946 that I last saw her alive on 1-22 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Mercredetis	
Due to Cirrhosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 93	
Of autopsy	

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 [illegible] (M. D. or other) 100.

Address [illegible] Date signed 1-28-46

(Licensed Embalmer's Statement on Reverse Side)

46-1-19

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 Myself

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Clayton M. Johnston

Licensed Embalmer No. 4304

P. O. Address Webb 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.