

STANDARD CERTIFICATE OF DEATH

State File No. 23868
3324
Registrar's No. _____

FILED AUG 14 1946
Registration District No. 199

Primary Registration District No. 1002

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

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: 1023 Askew
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 62 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 1023 Askew
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Lena Elizabeth Weaver

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Wid.
6. (b) Name of husband or wife John 6. (c) Age of husband or wife if alive 1 years
7. Birth date of deceased Jan. 1 1883
(Month) (Day) (Year)

8. AGE: Years 63 Months 6 Days 30 If less than one day hr. min.

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

10. Usual occupation Homemaker

11. Industry or business _____

MOTHER FATHER

12. Name Bartling Geissman
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Hugi
15. Birthplace Switzerland
(City, town, or county) (State or foreign country)

16. (a) Informant Fred Geissman
(b) Address Parkville Missouri

17. (a) Burial (b) Date thereof August 2, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Floral Hills

18. (a) Signature of funeral director C.H. Blackman & Son, Inc.
(b) Address 2825 Independence Blvd.

19. (a) 8-1-46 (b) Shiraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31 year 1946 hour 5 minute 05 A.M.

21. I hereby certify that I attended the deceased from Sept 4th 1944 to July 31st 1946 and that death occurred on the date and hour stated above.

Immediate cause of death _____

Chronic myocarditis
Hypertension
Arthritic Condition

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____

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?

While at work? _____ (Specify type of place) (c) Means of injury _____
Signature S.D. Ramey (M. D. or other)
Address 900 Benton Date signed 7-31-46

Duration

3 yrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 *J. O. Blackman*

Licensed Embalmer No. *3639*

P. O. Address *R 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.