S. No. 2
M—2-43
5-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30040

FILED OCT 28 1946

Registration District No. _____ Primary Registration District No. 2000 Registrar's No. 767

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: Springfield Baptist Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)
In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Polk

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

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

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John Schuyler Weaver

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Nora Frances Weaver

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased July (Month) 7 (Day) 1880 (Year)

8. AGE: ✓

Years	Months	Days	If less than one day
66	2	15	hr. min.

9. Birthplace Job (City, town, or county) Tenn. (State or foreign country)

10. Usual occupation Teacher

11. Industry or business Southwest Baptist College

FATHER
12. Name John Weaver
13. Birthplace Unk. (City, town, or county) Unk. (State or foreign country)

MOTHER
14. Maiden name Rhoda Elizabeth Fielden
15. Birthplace Unk. (City, town, or county) Tenn. (State or foreign country)

16. (a) Informant Mrs Nora Frances Weaver
(b) Address Bolivar, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Sept. 26, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation East Lawn Cem. Springfield.

18. (a) Signature of funeral director Hutcheson-Turpin
(b) Address Bolivar, Mo.

19. (a) 9-25-46 (Date received local registrar) (b) W. S. Hoole, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 22 year 1946 hour 1 4 minute 35 P.M.

21. I hereby certify that I attended the deceased from Sept 5 1946 to Sept 22 1946 that I last saw him alive on Sept 26 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Surgical shock	24 hrs
Due to: Common duct Bilary stone	16 yrs
Due to: Myocardial failure	12 hrs
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operation: Multiple common duct bilary stones
Of autopsy: 1216

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) MD
Address Springfield Date signed 9/27/46

(Licensed Embalmer's Statement on Reverse Side)

OCT 16 1946

DEC 3 1946

NOV 7 1946

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.....

Licensed Embalmer No. 3053

P. O. Address Bolivar, 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.