

NO. 2
-5-42
5-17-39
X32873

FILED NOV 21 1946
Registration District No. **128**

Primary Registration District No. **2000**

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: **1094 Cherry**
(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 **Several years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Greene** **39**

(c) City or town **Springfield** **2**
(If outside city or town limits, write "RURAL")

(d) Street No. **1094 Cherry** **6**
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ **0**

3. (a) PRINT FULL NAME **GUS R. WEAVER**

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex **Male** **♂**

5. Color or race **white**

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

6. (b) Name of husband or wife **Carrie Weaver**

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

7. Birth date of deceased **February 26, 1889**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
57	8	5	hr. _____ min. _____

9. Birthplace **Bellville, Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation **Ret'd Salesman**

11. Industry or business _____

MOTHER FATHER {

12. Name **Chas. Weaver**

13. Birthplace **Unknown** **9**
(City, town, or county) (State or foreign country)

14. Maiden name **Lizzie** **Unknown**
(City, town, or county) (State or foreign country)

15. Birthplace **unknown** **9**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Carrie Weaver**

(b) Address **1094 Cherry**

17. (a) **Burial**
(Burial, cremation, or removal)

(b) Date thereof **11/3/1946**
(Month) (Day) (Year)

(c) Place: burial or cremation **HAZELWOOD CEMETERY**

18. (a) Signature of funeral director **ALMA LOHMEYER FUNERAL HOME**

(b) Address **SPRINGFIELD, MISSOURI**

19. (a) **11-9-46** (b) **W. Handley MD**
(Date received from registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **1**
year **1946** hour **9:30 P.M.** minute _____ M.

21. I hereby certify that I attended the deceased from **OCT. 4**, 19**46**, to **Nov. 1**, 19**46**;
that I last saw him alive on **Nov. 1**, 19**46**;
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of Stomach** **4 mo?**

Due to _____

Due to _____

Other conditions **Terminal pneumonia** **5 days**
(Include pregnancy within 3 months of death)

Major findings: **-46B**

Of operations _____

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? _____

While at work? _____
(Specify type of place) (c) Means of injury _____

23. Signature **W. Handley MD** (M. D. or other) **M.D.**
Address **Springfield, Mo.** Date signed **11-4-46**

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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.....

L. A. Roof
Licensed Embalmer No..... ~~3044~~ 3044

P. O. Address..... Springfield, Missouri.....

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.