

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1399

State File No.

Registrar's No. **286**

FILED FEB 5 1947
Registration District No.

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:
2427 Chestnut
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community **23 years**
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson** **48**
(c) City or town **Kansas City** **3**
(If outside city or town limits, write "RURAL")
(d) Street No. **2427 Chestnut**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **Joseph M. Weaver**

3. (b) If veteran, name was **No veteran** 3. (c) Social Security No. **486-03-1570**

4. Sex **Male** 2 5. Color or race **Negro** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Marguerite Weaver** 6. (c) Age of husband or wife if alive **43** years
7. Birth date of deceased **April -- 19 -- 1903**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
43 **8** **26**hr.min.

9. Birthplace **Springfield MO.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Laborer**

11. Industry or business

12. Name **Joseph S. Weaver** **7**

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

14. Maiden name **Mattie Reed**

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

16. (a) Informant **Marguerite Weaver**

(b) Address **2427 Chestnut**

17. (a) **Burial** (b) Date thereof **1/20/47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Blue Ridge Lawn Cem**

18. (a) Signature of funeral director **E. Sterling Kille**

(b) Address **1212 Vine St. Kansas City, MO.**

19. (a) **1-20-47** (b) **Sheldone Holmes**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **1** day **15**
year **1947** hour **5** minute **45-8** M.

21. I hereby certify that I attended the deceased from **Deputy - Coroner** 19..... 19.....
that I last saw him alive on..... 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death **Cardiac Failure**
Hypertensive Heart Disease
Due to.....
Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings: **93d**
Of operations.....
Of autopsy **no-Permit**

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 **W. Williams** (M. D. or other).....

Address **2636 - Brooklyn** Date signed.....

1-18-47

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 *E. Sterling Bell*

Licensed Embalmer No. 3178

P. O. Address 1212 Vine St., Kansas City

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.