

FILED APR 2 1947

State File No. ....

Registration District No. 1

Primary Registration District No. 3000

Registrar's No. 91

1. PLACE OF DEATH:  
 (a) County Adair  
 (b) City or town Kirksville  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
710 S. First St. /  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution None  
(Specify whether in this community years, months or days)  
Life

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Adair  
 (c) City or town Kirksville  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 710 S. Frist St.  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Samantha Weaver  
 3. (b) If veteran, name war \_\_\_\_\_  
 3. (c) Social Security No. None

4. Sex F / 5. Color or race W  
 6. (a) Single, widowed, married, divorced, Widowed  
 6. (b) Name of husband or wife \_\_\_\_\_  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased March 19 1857  
(Month) (Day) (Year)

8. AGE: Years 89 Months 11 Days 28  
If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business Home

12. Name Joel Pinkerton

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

14. Maiden name Elizabeth Felver

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

16. (a) Informant Mrs. Hattie Wright  
 (b) Address Kirksville, Missouri  
 17. (a) Burial (b) Date thereof 3/19/47  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Highland Park Cmt.  
 18. (a) Signature of funeral director J. E. Reley  
 (b) Address Kirksville, Missouri  
 19. (a) 3-28-47 (b) Kate Lambert  
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mch. day 17  
 year 1947 hour 4:40 minute A; M.  
 21. I hereby certify that I attended the deceased from March 15  
9:47 to March 17 1947  
 that I last saw her alive on March 16 1947  
 and that death occurred on the date and hour stated above.

Immediate cause of death  
Pneumonia Duration 3 days  
 Due to Cerebral Hemorrhage 5 days

Other conditions (Include pregnancy within 3 months of death)  
g3A

Major findings:  
 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) (e) Means of injury \_\_\_\_\_  
 23. Signature Howard C. Gross (M. D. or other) L. D.  
 Address Kirksville Mo. Date signed 3-18-47

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

RECEIVED  
District Health Officer No. 10  
District File Number - APR - 1947  
Date filed - APR - 1 1947

**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 D. E. Riley  
Licensed Embalmer No. 4181  
P. O. Address W. K. Miller

**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.**