

3. No. 2  
-12-45  
5-17-39  
I X47070

FILED MAY 20 1947

Registration District No. **199** Primary Registration District No. **1002**

**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:  
St Marys Hosp.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 81 days  
(Specify whether In this community 47 yrs.  
years, months or days)

**3. (a) PRINT FULL NAME** DeLoss Garfield Weaver

**3. (b) If veteran,** name war: none

**3. (c) Social Security No.** 495-05-145

**4. Sex** male **5. Color or race** white

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

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

**6. (c) Age of husband or wife if alive.** 68 years

**7. Birth date of deceased** Nov. '6 1881  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>65</u>	<u>6</u>	<u>1</u>	hr. min.

**9. Birthplace** Marusville Mo.  
(City, town, or county) (State or foreign country)

**10. Usual occupation** Vice President

**11. Industry or business** M. L. Campbell Co.

**12. Name** Frank D. Weaver

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

**14. Maiden name** Elizabeth James Toll

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

**16. (a) Informant** Bertha K. Weaver

**(b) Address** 4344 Pearl St.

**17. (a) Burial** (Burial, cremation, or removal) **(b) Date thereof** 5/10/47  
(Month) (Day) (Year)

**(c) Place: burial or cremation** Forest Hill Cem.

**18. (a) Signature of funeral director** Gates Funeral Home

**(b) Address** Kansas City, Kansas.

**19. (a) 5-10-47** **(b) Geraldine Holmes**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Kansas (b) County Wandotte

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

(d) Street No. 4344 Pearl St.  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month May day 7 year 1947 hour 1:30 minute P M.

**21. I hereby certify that I attended the deceased from** March 20 1947 to May 7 1947 that I last saw him alive on May 7 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Circulatory failure, acute Coronary Insufficiency

Due to Coronary Sclerosis

Gastroenterostomy for peptic ulcer & obstruction

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Duration Sudden

5 yrs.

24 hrs.

**PHYSICIAN**

Underline the cause to which death should be charged statistically.

**Major findings:**

Of operations \_\_\_\_\_

Of autopsy as above

**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** J. J. Cornell (M. D. or other) MD

**Address** 327 Ogden Bldg **Date signed** 5/8-47

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

KE Mo

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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.....

*Wm L Ward*

Licensed Embalmer No

*3991*

P. O. Address

*308 East 68 Terr*

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.)

*R.C.M.O.*

If this body is not embalmed, fact should be so stated above.