S. No. 2
M—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 13 1947

Registration District No. 1

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 24430

Registrar's No. 3169

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: 304 West 38th. Street
(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: 30 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson 48
(c) City or town: Kansas City 5
(If outside city or town limits, write "RURAL") 6
(d) Street No. 304 West 38th. Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: WILLIAM GRANT WEAVERLING, SR.
3. (b) If veteran, name war: No
3. (c) Social Security No. 490-16-5615
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Mamie E. Weaverling
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: November (Month) 29th. (Day) 1865 (Year)

8. AGE: Years	Months	Days	If less than one day
81	7	27	hr. min.

9. Birthplace: (City, town, or county) Pennsylvania (State or foreign country)
10. Usual occupation: Clerk
11. Industry or business: Donnelly Garment Company
FATHER
12. Name: Unknown
13. Birthplace: (City, town, or county) Pennsylvania (State or foreign country)
MOTHER
14. Maiden name: Unknown
15. Birthplace: (City, town, or county) Pennsylvania (State or foreign country)
16. (a) Informant: Mr. William G. Weaverling, Jr.
(b) Address: 304 West 38th. Street
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7 - 29 - 1947 (Month) (Day) (Year)
(c) Place: burial or cremation: Mount Moriah Cemetery
18. (a) Signature of funeral director: Freeman Mortuary & Chapel
(b) Address: 104 West 42nd. Street, Kansas City
19. (a) 7-28-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 26th. year 1947 hour 12 noon minute M.
21. I hereby certify that I attended the deceased from [illegible], 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary thrombosis	
Due to: Chronic nephritis	
Due to:	
Other conditions (include pregnancy within 3 months of death): 95C	

Major findings:
Of operations:
Of autopsy: no
History & Inspection

PHYSICIAN
Underline the cause of 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) [illegible]
Address: 1424 [illegible] Date signed 7-27-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Willis H. Bennett

Licensed Embalmer No. 4438

P. O. Address K. C., 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.