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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED MAR 24 1948

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 44738

Registration District No. 12

Primary Registration District No. 5050

Registrar's No.

1. PLACE OF DEATH:

(a) County Barry

(b) City or town Mineral Springs  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location) 1

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME W. I. Weaver

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex 0 male  
5. Color or race white

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

6. (b) Name of husband or wife Hannie Weaver

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

7. Birth date of deceased November 14 1880  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

67	1	18	hr. _____ min.
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9. Birthplace Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation retired farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER {

12. Name John W. Weaver 9

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

14. Maiden name Sarah weaver

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

16. (a) Informant Lorris Weaver

(b) Address Cassville, Missouri

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

(b) Date thereof 1-5-1947  
(Month) (Day) (Year)

(c) Place: burial or cremation New Church

18. (a) Signature of funeral director Culver Funeral Home

(b) Address Cassville, Missouri

19. (a) 3-22-48  
(Date received local registrar)

(b) Mrs. Gene Hudson  
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry

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

(d) Street No. \_\_\_\_\_ (If rural, give location)

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

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 2  
year 1947 hour 6 minute A. M.

21. I hereby certify that I attended the deceased from Dec. 20, 1947, to Dec. 30, 1947, that I last saw him alive on Dec. 30, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death Septic Caemiana

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

46 F

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 2

23. Signature C. E. McQuill  
Address Cassville, Mo. Date signed 1/24/48

Duration ?

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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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.....

*Paul D. Henbest*....., Registered Apprentice No. *54*  
working under my personal supervision.

Signed *Margaret Culver*.....

Licensed Embalmer No. *4389*.....

P. O. Address *Cassville*.....

**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.**