

No. 300  
M-10-47  
7-5-17-39  
1 3908

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

19716

FILED JUL 12 1948

State File No. \_\_\_\_\_

2742

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. \_\_\_\_\_

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:  
General Hosp. #1 0  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 Weeks - 2 days  
(Specify whether \_\_\_\_\_)

In this community 6 years  
years, months or days

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. 2137 Summit 8  
(If rural, give location) 0

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

If yes, name country X

3. (a) PRINT FULL NAME Joda Weaver

3. (b) If veteran, name war No

3. (c) Social Security No. Unknown

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 30  
year 1948 hour 11 minute 00 AM.

21. I hereby certify that I attended the deceased from May 3  
1948 to June 30 1948;

that I last saw her alive on June 30 1948;  
and that death occurred on the date and hour stated above.

4. Sex Female / 5. Color or race White

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

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

6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased May 18 1901  
(Month) (Day) (Year)

Immediate cause of death  
Carcinoma of ovary with metastases to peritoneum, generalized

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

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

Other conditions (Include pregnancy within 3 months of death) 490

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

47 1 12 hr. \_\_\_\_\_ min.

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

10. Usual occupation X

11. Industry or business H. D. Lee Mercantile Co.

MOTHER FATHER { 12. Name John Garrison

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

14. Maiden name Lillie Hibdon

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

16. (a) Informant Archie Garrison

(b) Address Versailles, Missouri

17. (a) Burial (b) Date thereof July 2, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Versailles, Missouri

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

(b) Address Versailles, Missouri

19. (a) 7-1-48 (b) Geraldine Holmes  
(Date received local registrar) (Registrar's signature)

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

Of autopsy See above

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 \_\_\_\_\_

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? 0

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) MD

Address Medical Director Gen. Hosp. 5-30  
Date signed 5-30-48

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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 Chas E. Wilks

Licensed Embalmer No. 2644

P. O. Address HC, 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.**