WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

I X14028

REC'D JAN 23 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

3727
Do not use this space.

94

1. PLACE OF DEATH
(a) County St. Francois 3 Registration District No. 773
(b) Township St. Francois Primary Registration District No. 6018A Registered No. 5
NEAR (c) City Farmington, Mo. (d) Street No. State Hospital No 4 St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

160

2. PRINT FULL NAME Emma Jane Weaver
(a) Residence, No. Winona, Missouri St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married ?

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Weaver

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-27-1864

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
74	11	10	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Winona, Missouri

FATHER
13. NAME James F. Norton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Audrian County Missouri

MOTHER
15. MAIDEN NAME Missouri Whitworth
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alabama

17. INFORMANT (ADDRESS) State Hospital No. 4 Records Farmington, Missouri.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Low Wassie Mo DATE JAN 8 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Cray - Leuchel Van Buren Mo

20. FILED Jan 19 1939 B. J. Robinson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-5 1939

22. I HEREBY CERTIFY, That I attended deceased from December 21, 1938, to January 5, 1939
I last saw her alive on January 4, 1939. Death is said to have occurred on the date stated above, at 6:55 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis, generalized & marked. Coronary occlusion (Sudden death)	? 1-5-39
Other contributory causes of importance: Chronic Myocarditis with Decompensation (Auricular fibrillation)	?

93 C

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify
(Signed) C. C. Ault, C. C. Ault, M. D.
699 (Address) State Hospital No. 4 Farmington, Missouri.

(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, 1-5-39

....., or by .....,

Registered Apprentice No....., working under my personal supervision.

Signed Philip A Leuchel

Licensed Embalmer No. 2936

P. O. Address Van Buren Ind.

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, above space should be left blank.