

REC'D APR 19 1939

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

11264

Do not use this space.

1. PLACE OF DEATH

(a) County Johnson ² Registration District No. 431
(b) Township Columbus ¹ Primary Registration District No. 5590 Registered No. 43
(c) City Columbus (d) Street No. _____ 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 8 yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

164 Minnie May Weaverling
(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm. A. Weaverling

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 21 1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 3 1

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home
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) OhioFATHER 13. NAME Alva Bonifield14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UnknownMOTHER 15. MAIDEN NAME Hannah Allen16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown17. INFORMANT (ADDRESS) C. A. Weaverling
Columbus Missouri18. BURIAL, CREMATION, OR REMOVAL PLACE Burden Kansas DATE Mar 25 193919. FUNERAL DIRECTOR (NAME) (ADDRESS) T. W. Goodman 391
Holden Missouri20. FILED Mar 25, 1939 Everett By No 504
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 23 193922. I HEREBY CERTIFY, That I attended deceased from March 19 1939, to Mar 23 1939I last saw him alive on March 23, 1939. Death is said to have occurred on the date stated above, at 7:00 A. M.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia

Date of onset

3/9/39Other contributory causes of importance: noneName of operation none Date of _____What test confirmed diagnosis? _____ 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 of injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) H. P. Patterson M. D.(Address) Harrealsburg Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

50M-9-1-33 I X16605

RECEIVED
District Health Officer No. 8,
District File Number 415/39
Date Filed

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..... *T. M. Goodman*
Licensed Embalmer No. *2424*
P. O. Address..... *Holden 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, above space should be left blank.