

35033

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No.

4008

Registration District No.

399

Primary Registration District No.

1002

## 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:  
4131 Genesee  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution. 30 years  
 (Specify whether years, months or days)

8. (a) PRINT FULL NAME Rebecca Weaverling 1648. (b) If veteran, name war No 8. (c) Social Security No. none4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced widowed6. (b) Name of husband or wife Philip Weaverling 6. (c) Age of husband or wife if alive ----- years7. Birth date of deceased Dec. 17 1869  
(Month) (Day) (Year)8. AGE: Years 70 Months 10 Days 0 If less than one day hr. min.9. Birthplace Ireland  
(City, town, or county) (State or foreign country)10. Usual occupation at home11. Industry or business 5MOTHER FATHER { 12. Name James McKnight 513. Birthplace Ireland  
(City, town, or county) (State or foreign country)14. Maiden name Sarah Conn  
(City, town, or county) (State or foreign country)15. Birthplace Ireland  
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Mrs. Chas. Lambert(b) Address 4131 Genesee17. (a) Burial 3. (b) Date thereof 10-19-39  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Toneka, Kansas18. (a) Signature of funeral director Yates Funeral Home(b) Address Kansas City, Kansas19. (a) Oct 18/1939 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature) 21-1

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Jackson  
 (c) City or town Kansas City  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 4131 Genesee  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. 55 years years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 17  
year 1939 hour 5-15 minute 1 a. M.21. I hereby certify that I attended the deceased from PM 1  
1939 to Oct 17, 1939  
that I last saw her alive on Oct 15, 1939  
and that death occurred on the date and hour stated above.Immediate cause of death Myocardial Insufficiency  
Due to old age DurationDue to 97.00Other conditions 97.00  
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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

23. Signature M. M. Crowe (M. D. or other) 1Address 1608-21-7- Date signed 10-17-39

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

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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 D. Ross Blanford

Licensed Embalmer No. 4015

P. O. Address.....

**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.**