

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

39064
Do not use this space.

1. PLACE OF DEATH 3

(a) County Bushanan Registration District No. 85

(b) Township St. Joseph Primary Registration District No. 1001

(c) City St. Joseph (d) Street No. State Hospital for Insane No. 2 St. Mo.
(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 12 yrs. 3 mos. 11 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME John Weaver

(a) Residence, No. State Hospital # 2 St. Lancaster Mo.
(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 male

4. COLOR OR RACE white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 19, 1856

7. AGE YEARS 83 MONTHS 8 DAYS 2 If LESS than 1 day,hra. ormin.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. R.R. watchman

9. Industry or business in which work was done, as saw mill, bank, etc. Railroad

10. Date deceased last worked at this occupation (month and year) about 1930 11. Total time (years) spent in this work occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

13. NAME John Weaver

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Eliza Smith

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT A.M. Weaver, 4031 Tracy
(ADDRESS) St. Joe, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE State Hosp. for Insane DATE Nov. 26, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Heater, Pryor & Bowman
319 So. 10th - Funeral Home

20. FILED Nov. 25, 1939 J. G. Nestle
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 21, 1939

22. I HEREBY CERTIFY, That I attended deceased from 8/10, 1927 to 1/21, 1939

I last saw him alive on 11/11, 1939. Death is said to have occurred on the date stated above, at 8:45 P.M.

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

Arteriosclerosis Date of onset ?

myocarditis

broncho pneumonia 11/1/39

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? clinical Was there an autopsy? yes

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) J. G. Nestle M. D.
(Address) St. Joseph, Mo.

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.

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 _____
_____ *no embalming* _____, Registered Apprentice No. _____
working under my personal supervision.

Signed _____ *Harold Bowman* _____

Licensed Embalmer No. *3619* _____

P. O. Address *St. Joseph, 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.