

Registration District No. **581**

Primary Registration District No. **4343**

1. PLACE OF DEATH:

(a) County Monroe  
(b) City or town Monroe City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify where)  
In this community 39 years  
years, months or days

8. (a) PRINT FULL NAME MARY ALICE WEAVER

3. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife William Weaver 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Sept. 23 1859  
(Month) (Day) (Year)

8. AGE: Years 81 Months 2 Days 4 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Fairfield Iowa  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Dr. Galam

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

14. Maiden name Mandy Shultz

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

16. (a) Informant Virginia Weaver

(b) Address Monroe City, Mo.

17. (a) Burial (b) Date thereof Nov. 28, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Shelbina, Mo.

18. (a) Signature of funeral director E. Hayes

(b) Address Shelbina, Mo.

19. (a) Nov. 27, 1940 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Monroe  
(c) City or town Monroe City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 0  
(If rural, give location)  
Foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 27  
year 1940 hour 12 minute 15 A. M.

21. I hereby certify that I attended the deceased from 11/24 1940, to 11/27 1940, that I last saw her alive on 11/27 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage  
Chronic myocarditis

Duration

3 days

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

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

Other conditions (Include pregnancy within 3 months of death) g2c

PHYSICIAN

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

Of autopsy: \_\_\_\_\_

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 \_\_\_\_\_

(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? \_\_\_\_\_

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

23. Signature F. M. Linnione (M. D. or other) D.O.

Address Monroe City Date signed 11/27/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 10

District File Number 12-40-2194

Date Filed DEC 7 1940

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 \_\_\_\_\_

Me, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed E. Hayes

Licensed Embalmer No. 1437

P. O. Address Stellina 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.