

No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 17554

Registration District 184

Primary Registration District No. 4110

Registrar's No. 5

FILED JUN 16 1941

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

1. PLACE OF DEATH:

(a) County Christian

(b) City or town Ozark Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Residence
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 20 yrs. years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Christian

(c) City or town Ozark Mo. Rural
(If outside city or town limits, write "RURAL")

(d) Street No. South P Ozark - 10 MILES
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME James Weaver

3. (b) If veteran name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 12 year 1941 hour 6 A minute _____ M.

4. Sex Male 5. Color or race Negro

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased October 1870
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov. 2, 1939, to Feb. 12, 1941; that I last saw him alive on Feb. 11, 1941; and that death occurred on the date and hour stated above.

8. AGE: Years 70 Months 3 Days _____ If less than one day _____ hr. _____ min.

Immediate cause of death High temperature of heart & nephritis Chr.

Due to _____

Due to _____

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

10. Usual occupation Farmer

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

Major findings: _____

Of operations _____

Of autopsy _____

11. Industry or business _____

12. Name Sam Weaver

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

14. Maiden name Eggleston Farmer

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

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 _____

16. (a) Informant Mathie Weaver

(b) Address Ozark Mo. Bldg

17. (a) _____ (b) Date thereof Feb. 14-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Weaver

18. (a) Signature of funeral director T. B. Chaffin

(b) Address Ozark Mo.

19. (a) May 1-1941 (Date received local registrar)

(b) Louisa Leonard (Registrar's Signature)

23. Signature J. H. Hade (M. D. or other) _____

Address Ozark Mo. Date signed 5-29-41

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 6,

District File Number 641-953

Date Filed JUN 14 1941

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. B. Chaffin

Licensed Embalmer No. 2187

P. O. Address Ozark 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, fact should be so stated above.