

FILED JUL 11 1941
Registration District No. **300**

Primary Registration District No. **43087 5 665** Registrar's No. _____

1. PLACE OF DEATH:

(a) County **Linn**
(b) City or town **Rural-Jefferson Township**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
North Laclede, Mo. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community **11 Yrs.**
years, months or days)

3. (a) PRINT FULL NAME **Augusta Eugene WEAVER**

3. (b) If veteran, name was **School child.** 3. (c) Social Security No. _____

4. Sex **0 Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced _____

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

7. Birth date of deceased **Aug. 20 1929**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	11	10	1	_____ hr. _____ min.

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

10. Usual occupation **School child**

11. Industry or business _____

12. Name **George W. Weaver**

13. Birthplace **Fish Hook, Illinois**
(City, town, or county) (State or foreign country)

14. Maiden name **Ether Jackson**

15. Birthplace **Chillicothe, Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Geo W Weaver**

(b) Address **623 W. 4th Ave Chillicothe Mo**

17. (a) **Burial** (b) Date thereof **6/24/1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Laclede, Mo.**

18. (a) Signature of funeral director **M. Sharnick**

(b) Address **Laclede, Mo. L. No. 2876**

19. (a) **June 23 41** (b) **Mrs Geo O Plowman**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Linn**
(c) City or town **Chillicothe Mo**
(If outside city or town limits, write "RURAL")
(d) Street No. **not known named,**
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **23**
year **1941** hour **2** minute **P.** M.

21. I hereby certify that I attended the deceased from **Called as Coroner**
that I last saw him alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Due to **Accidentally Drowned**
While Swimming in Pond

Due to _____

Other conditions (Include pregnancy within 3 months of death) **18 2 3**

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN _____
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) **Accident**

(b) Date of occurrence **June 22, 1941**

(c) Where did injury occur **Linn Mo**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
On Farm

While at work? **no** (Specify type of place) (e) Means of Injury **3**

23. Signature **Dale Bunch Coroner**

Address **Marceline Mo** Date signed **6/22/41**

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.

JUL 16 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 Me

W.G. Thorne, Laclede, Mo., Registered Apprentice No. _____
working under my personal supervision.


Signed W.G. Thorne

Licensed Embalmer No. 2876

P. O. Address Laclede, 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.