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228390

FILED AUG 15 1941

State File No. \_\_\_\_\_

Registration District No. 318

Primary Registration District No. 2001

Registrar's No. 556

1. PLACE OF DEATH:

(a) County Greene

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

(c) Name of hospital or institution:  
St. John's Hospital  
(If not a hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 weeks 0  
(Specify whether)

In this community 27 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 039

(c) City or town Springfield 2  
(If outside city or town limits, write "RURAL") 6

(d) Street No. 1913 N. Fremont  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
0  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME GEORGE M<sup>c</sup> KINLEY WEAVER

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8<sup>th</sup>  
year 1941 hour 9 minute A M.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Virginia Weaver

6. (c) Age of husband or wife if alive 31 years

7. Birth date of deceased: April 24 1896  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 1, 1941 to July 8, 1941; that I last saw him alive on July 7, 1941; and that death occurred on the date and hour stated above.

8. AGE: Years 45 Months 2 Days 14 If less than one day hr. min.

Immediate cause of death Subphrenic Abscess Duration 4 Weeks

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

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

Due to 129

10. Usual occupation Painter

Other conditions Hydronephrosis  
(Include pregnancy within 8 months of death)

MOTHER FATHER

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

12. Name George W. Weaver

13. Birthplace DeSoto County Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Jessie Green

15. Birthplace Willard Springs, Missouri  
(City, town, or county) (State or foreign country)

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

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

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant Virginia Weaver

(b) Address 1913 N. Fremont Sp. Mo.

17. (a) Burial (b) Date thereof July 9 1941  
(Burial, cremation, or re:oval) (Month) (Day) (Year)

(c) Place: burial or cremation East Lawn

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? \_\_\_\_\_

18. (a) Signature of funeral director Winters

(b) Address Springfield, Mo.

19. (a) 7-8-41 (b) W. E. Haudley  
(Date received local registrar) (Registrar's signature)

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

Signature W. E. Haudley (M. D. or other) W. E. Haudley

Address Springfield, Mo. Date signed 7/9/41

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

SEP 29 1944

REVISED KEYWAY

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.

*Self*

Signed

*R.H. [Signature]*

Licensed Embalmer No. 3681

P. O. Address *Springfield, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

*X*