

FILLED OCT 27 1941  
329Registration District No. 329Primary Registration District No. 5454A

Registrar's No. \_\_\_\_\_

## 1. PLACE OF DEATH:

- (a) County Grundy  
 (b) City or town Dunlap, Marion, Mo.  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Home  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 7 years. 1 (Specify whether  
 In this community years, months or days)

3. (a) PRINT FULL NAME JACOB WEAVER

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married  
 6. (b) Name of husband or wife Lue Weaver 6. (c) Age of husband or wife if alive 67 years  
 7. Birth date of deceased July 9 28 1854  
 (Month) (Day) (Year)

8. AGE: Years 87 Months 1 Days 24 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.9. Birthplace Grundy Co., Mo.  
(City, town, or county) (State or foreign country)10. Usual occupation Farmer11. Industry or business Farm

- MOTHER FATHER  
 12. Name Jacob Weaver  
 13. Birthplace Mo.  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Sarah Shriver  
 15. Birthplace Ind.  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Sarah Shriver(b) Address 1811 Baltimore, Benton mo.17. (a) Burial (b) Date thereof Sept 19, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Rural Dale, Mo.18. (a) Signature of funeral director E. Robertson(b) Address Farley, Mo.19. (a) Sept 20 1941 (b) Mabel Warren  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo (b) County Grundy  
 (c) City or town Dunlap, Marion, Prop.  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 7 miles north of Ruredo  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 18  
year 1941 hour 5 P.M. minute \_\_\_\_\_ M.21. I hereby certify that I attended the deceased from Aug 1 41  
\_\_\_\_\_ 1941, to Sept 18, 1941;  
that I last saw him alive on Sept 10, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Intestinal  
perforation  
+ hepatic  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions  
(include pregnancy within 3 months of death)Major findings:  
Of operations 18/10

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

Duration 17

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) \_\_\_\_\_  
 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 \_\_\_\_\_23. Signature E. Robertson (M. D. or \_\_\_\_\_)  
Address Benton Mo Date signed 9/18/41

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**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 *E. J. Robertson*.....

Licensed Embalmer No. *2468*.....

P. O. Address *Fairfax, Va.*.....

**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.**