

FILED DEC 9 1942
Registration District No. 272

Primary Registration District No. 0912

Registrar's No.

78
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0
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Pemiscot

(b) City or town Steele "Rural" Virginia Twp.
(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 3 years (Specify whether years, months or days)

In this community 3 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot

(c) City or town Steele "Rural"
(If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

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

3. (a) PRINT FULL NAME Charles Mickel Weaver

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

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

6. (b) Name of husband or wife: 6. (c) Age of husband or wife if alive: 20 years (Year)

7. Birth date of deceased December 20 1938
(Month) (Day) (Year)

8. AGE: Years 3 Months 11 Days 12 If less than one day hr. min.

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

10. Usual occupation None

11. Industry or business None

MOTHER FATHER { 12. Name Herbert P. Weaver

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

14. Maiden name Cordie Northcutt

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

16. (a) Informant Herbert P. Weaver
(b) Address Steele, Missouri

17. (a) Burial (b) Date thereof 12 3 '42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Zion Cemetery

18. (a) Signature of funeral director German Undt. Co.

(b) Address Steele Missouri

19. (a) Dec. 3 1942 (b) Mr. Dorothy Hanna
(Date received local registrar) (Registrar's signature)

1208 (Use and Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 2
year 1942 hour 11:00 minute A M.

21. I hereby certify that I attended the deceased from Nov 20
1942 to Dec 2 1942
and that death occurred on the date and hour stated above.

Immediate cause of death T.B. meningitis Duration

Due to

Due to

Other conditions 14
(Include pregnancy within 3 months of death)

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)

(b) Date of occurrence

(c) Where did injury occur?

(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 Dr. Chapman (M. D. or other)

Address Steele Mo Date signed 12/3/42

12-42-30

DEC 16 1912

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.....

Licensed Embalmer No.....

P. O. Address.....

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.