

**FILED MAR 1 1943**

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

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

1. PLACE OF DEATH:

(a) County TEXAS  
(b) City or town. \_\_\_\_\_  
(c) Name of hospital or institution: 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 4.1 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Texas **106**  
(c) City or town Mtn. Home, Mo. **11**  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME J. D. WEATHERMAN

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

4. Sex Male 5. Color or race WHITE 6. (a) ~~Single~~ Married  
1 divorced married  
6. (b) Name of husband or wife Nellie Weatherman 6. (c) Age of husband or wife if  
alive \_\_\_\_\_ years  
7. Birth date of deceased June 6 1870  
(Month) (Day) (Year)

8. AGE: Years 71 Months 8 Days 12 If less than one day  
\_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER { 12. Name Johnny Weatherman  
13. Birthplace Kentucky (City, town, or county) (State or foreign country)  
14. Maiden name Jane Channey  
15. Birthplace Tenn. (City, town, or county) (State or foreign country)

16. (a) Informant Nellie Weatherman

(b) Address Wagon or Mtn. Home, Mo.

17. (a) Burial (b) Date thereof Feb 22 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Stybb's Cemetery

18. (a) Signature of funeral director Fussell Barber

(b) Address Mtn. Home, Mo.

19. (a) 4/20-43 (b) H. M. Lower  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 18  
year 1943 hour \_\_\_\_\_ minute 1:30 AM

21. I hereby certify that I attended the deceased from 2-17-43 to 2-18-43  
that I last saw him alive on 2-17-43  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis 3 Mos

Due to Overweight

Due to Chronic Ophthalmia

Other conditions (Include pregnancy within 3 months of death)  
Major findings: Of operations 93d  
Of autopsy \_\_\_\_\_

Duration

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? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work 9/9 (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature H. M. Lower (M. D. or other)  
Address Mountain Home Mo. Date signed 2/20/43

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

06  
0

195

26/43

1382

MAY 5 1943

1943

MAR 1 1943

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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

*Russell Barber*

Licensed Embalmer No.

3848

P. O. Address

*John, Home, 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.**