S. No. 2
1—9-4-17
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 29 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10158

Registration District No. 103 | Primary Registration District No. 5417 | Registrar's No. 7

1. PLACE OF DEATH:
(a) County: Dunklin County
(b) City or town: Kirbs Mo Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Clay Twins
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ In this community 3 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Dunklin
(c) City or town: Kirbs Mo. Rural
(If outside city or town limits, write "RURAL")
(d) Street No.: Clay Twins
(If rural, give location)
(e) Citizen of foreign country? ____ (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: SHIELDS L. WEAVER
3. (b) If veteran, name war: No
3. (c) Social Security No. NONE
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Mamie Weaver
6. (c) Age of husband or wife if alive: 46 years
7. Birth date of deceased: February 5, 1894 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
49	1	12	hr. ____ min.

9. Birthplace: Harden County Tennessee (City, town, or county) (State or foreign country)
10. Usual occupation: Farming
11. Industry or business: Farming
MOTHER FATHER
12. Name: Henry Weaver
13. Birthplace: Harden County Tennessee (City, town, or county) (State or foreign country)
14. Maiden name: Martha Norton
15. Birthplace: Harden County Tennessee (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs Mamie Weaver
(b) Address: Nonnersville Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3-20-43 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt Zion Cemetery
18. (a) Signature of funeral director: Lerman Undt Co
(b) Address: Steele Mo Box 121
19. (a) 3-22-43 (Date received local registrar) (b) Lindsey B Perkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 17 year 1943 hour 8 minute 30 A.M.
21. I hereby certify that I attended the deceased from Nov 17 1942 to March 17 1943 that I last saw h. alive on March 16 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Nephritis 7 Dr
Due to: Pneumonia Lobar
Due to: Bronchitis 4 Mo
Other conditions (Include pregnancy within 3 months of death): 13 L
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? (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) (Specify type of business)
23. Signature: [illegible] (M. D. or other)
Address: ____ Date signed: ____

1201 (Licensed Embalmer's Statement on Reverse Side)

APR 21 1943

JAN 3 1944

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.