

3. No. 2  
-1.4-41  
5-17-39

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

15694

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

Registration District No. 49

Primary Registration District No. 6185-

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

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

1. PLACE OF DEATH:

(a) County Sullivan

(b) City or town Rural - Union 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 \_\_\_\_\_ (Specify whether)

In this community Most of life  
years, months or days

2. USUAL RESIDENCE OF DECEASED: 105

(a) State Mo (b) County Sullivan

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

(d) Street No. Near Green City  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Frank Newton Weaver

3. (b) If veteran, name war: ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 20th  
year 1943 hour 8 minute 15 P.M.

21. I hereby certify that I attended the deceased from March 15 - 1943 to April 20 - 1943  
that I last saw him alive on April 19 - 1943  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced M. 1

6. (b) Name of husband or wife Mary Weaver 6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased: 3 (Month) 29 (Day) 1860 (Year)

Immediate cause of death Carcinoma of liver

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

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

Other conditions (Include pregnancy within 3 months of death) H6K

8. AGE:	Years	Months	Days	If less than one day
	<u>83</u>	<u>0</u>	<u>21</u>	hr. _____ min.

9. Birthplace Monroe Co. N.Y.  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business On Farm

12. Name Isaac Weaver

13. Birthplace N.Y.  
(City, town, or county) (State or foreign country)

14. Maiden name Kate Fowler

15. Birthplace Monroe Co. N.Y.  
(City, town, or county) (State or foreign country)

16. (a) Informant Jed Weaver

(b) Address Green City, Mo.

17. (a) Burial (b) Date thereof 4-22-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Plymouthville, Penn.

18. (a) Signature of funeral director Wm E. Kent, Sr.

(b) Address Green City, Mo.

19. (a) May 1 - 43 (b) Opheo Davidson  
(Date received local registrar) (Registrar's signature)

PHYSICIAN

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

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

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) (e) Means of injury \_\_\_\_\_

23. Signature R. R. Ellis, M.D. (M. D. or other)

Address Fertaville, Mo. Date signed 4-23-43

1213

(Licensed Embalmer's Statement on Reverse Side)

**RECEIVED**

District Health Officer No. 10

District File Number 543-795

Date Filed MAY 5 1943

**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.....

*Archie W. Wade*

Licensed Embalmer No. 3037

P. O. Address.....

*Green City, 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.**