

V. S. No. 2
100M-5-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5373
Registrar's No. 619

FILED FEB 17 1945
Registration District No. 149

Primary Registration District No. 1802

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

1. PLACE OF DEATH:
(a) County JACKSON
(b) City or town KANSAS CITY
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2515 KENSINGTON AVENUE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 40 YEARS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON
(c) City or town KANSAS CITY Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 2515 KENSINGTON AVENUE
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MR GEORGE ALFRED WEAVER
3. (b) If veteran, No name war _____
3. (c) Social Security No. 486-01-1712

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month FEB day 6TH
year 1945 hour 3 minute 15 A.M.
21. I hereby certify that I attended the deceased from Oct
1942 to Feb 6 1945
that I last saw him alive on Feb 5 1945
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 MARRIED
6. (b) Name of husband or wife MRS. FLORENCE WEAVER
6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased JANUARY - 11 - 1875
(Month) (Day) (Year)

Immediate cause of death Cerebral
occlusion 3 days
Duration

8. AGE: Years 70 Months 0 Days 26 If less than one day 25 hr. _____ min.

Due to Chronic Cardiovascular disease and hypertension
Due to arteriosclerosis

9. Birthplace RICE COUNTY KANSAS
(City, town, or county) (State or foreign country)

Other conditions _____ (Include pregnancy within 3 months of death)
Major findings: 93 d

10. Usual occupation RETIRED
11. Industry or business MEAT CUTTER

Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER {
12. Name ALFRED WEAVER
13. Birthplace LOUISVILLE KENTUCKY
(City, town, or county) (State or foreign country)
14. Maiden name LAURA A. TURNER
15. Birthplace SALEM NORTH CAROLINA
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. FLORENCE WEAVER
(b) Address 2515 KENSINGTON AVENUE
17. (a) BURIAL (b) Date thereof FEB 9 1945
(Burial, cremation, or removal) WOODLAWN CEMETERY
(c) Place: burial or cremation KANSAS CITY, KANSAS

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? _____

18. (a) Signature of funeral director O. H. Newcomer, Sons
(b) Address 1401 BRUSH CREEK BLDG.
19. (a) 2-7-45 (b) N. E. Brown
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
(c) Means of injury _____
23. Signature Robert A. ... (M. D. or other)
Address 1732 Professional Bldg Date signed 2/6/45

12.4.30
1232 Professional 1936

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

Emile M. Calhoun

Licensed Embalmer No. *3506*

P. O. Address *KC 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.