

FILED MAR 7 1946

Registration District No. **80**

Primary Registration District No. **4142**

Registrar's No. **0'**

1. PLACE OF DEATH:

(a) County **Cole**
(b) ~~City~~ town **Russellville**
(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 _____
years, months or days

3. (a) PRINT FULL NAME **SARAH O. WEAYER**

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, **widowed**
6. (b) Name of husband or **W. A. Weaver**
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **Jan. 3 1866**
(Month) (Day) (Year)

8. AGE: Years **80** Months **1** Days **10** If less than one day hr. _____ min. _____

9. Birthplace **High Point Mo. 0**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

MOTHER FATHER
12. Name **no record**
13. Birthplace **no record**
14. Maiden name **no record**
15. Birthplace **no record**

16. (a) Informant **Dr. R. L. Weaver**
(b) Address **Russellville**

17. (a) **Burial** (b) Date thereof **2-15-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **High Point Cem.**

18. (a) Signature of funeral director **W. Steffens**
(b) Address **Russellville**

19. (a) **Feb. 15** (b) **Mrs. Minnie Nettum**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** County **Moniteau**
(c) City or town **Enon**
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **13th**
year **1946** hour **7** minute **00** A.M.

21. I hereby certify that I attended the deceased from **Jan 5** 19**46** to **Feb. 13** 19**46**
that I last saw h. **er** alive on **Feb. 12** 19**46**
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Heart Disease**
Due to _____

Duration **Not dis- white**

Due to _____

Other conditions. (Include pregnancy within 3 months of death) _____

Major findings: Of operations **440**
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) (e) Means of injury _____

23. Signature **Walter S. Liddle** (M. D. or other) _____
Address **Russellville Mo** Date signed **2-14-46**

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

RECEIVED
District Health Officer No. 9,
District File Number _____
Date Filed 3-6-46

MAR 22 1946

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. 2307

P. O. Address Russellville 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.