

No. 2
- 43
5-17-39
I X37823

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Res. 182

State File No. _____

FILED JAN 23 1947

Primary Registration District No. 5120

Registrar's No. 10

1. PLACE OF DEATH:

(a) County Boone

(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Boone County Infirmary 5
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 16 Years
(Specify whether years, months or days)

In this community 69 Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone 10

(c) City or town Columbia 8
(If outside city or town limits, write "RURAL")

(d) Street No. Boone County Infirmary 5
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME WILLIAM WESLEY WEAVER

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 6
year 1947 hour 6 minute 30 P. M.

21. I hereby certify that I attended the deceased from Aug 1
1946 to Jan 16 1947

that I last saw him alive on Dec 2 1946
and that death occurred on the date and hour stated above.

4. Sex Male 0

5. Color or race White 0

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

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 8 - 15 - 1877
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>69</u>	<u>4</u>	<u>21</u>	hr. _____ min.

Immediate cause of death Hemorrhage from chronic ulcer left leg
also had chronic myo carditis

Due to _____

Due to _____

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

Major findings: Of operations none 930

Of autopsy none

Duration

20 yrs

24 yrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

9. Birthplace Boone County Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Laborer

11. Industry or business _____

MOTHER FATHER { 12. Name George Weaver

13. Birthplace Maryland 1
(City, town, or county) (State or foreign country)

14. Maiden name Alice Berry

15. Birthplace Kentucky 1
(City, town, or county) (State or foreign country)

16. (a) Informant Robert Weaver

(b) Address Columbia, Mo.

17. (a) Burial (b) Date thereof 1-8-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Riggs Cemetery

18. (a) Signature of funeral director Barker James Lewis
Columbia, Mo.

(b) Address _____

19. (a) 1-8-47 (b) Mrs. R. E. Palmer
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(c) 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 0

23. Signature Alvin Smith (M. D. or other) _____
Address Columbia, Mo. Date signed 1-8-47

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

31

RECEIVED
District Health Officer No. 9
District File Number
Date Filed JAN 14 1947

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. 4132
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.