

S. No. 2
4-5-43
5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF REGISTRATION
FILED SEP 22 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30351
State File No. _____
Registrar's No. 239

Registration District No. 38 Primary Registration District No. 3006

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 Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 Days
(Specify whether
In this community 76 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Callaway
(c) City or town Stephens
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME WILLIAM ERNEST WEAVER
(b) If veteran, name war None
(c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept. day 8
year 1947 hour 7 minute 30 P. M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married

21. I hereby certify that I attended the deceased from Aug 30 1947, to Sept 8 1947
that I last saw him alive on _____ 19____;
and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife Emma Frances Nauser Weaver
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 11 - 27 - 1870
(Month) (Day) (Year)

Immediate cause of death Myocarditis
Duration 2 yrs

8. AGE: Years 76 Months 9 Days 11
If less than one day hr. _____ min.

Due to Bronchial Asthama
Due to _____

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

10. Usual occupation Farmer

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations none
Of autopsy none

MOTHER FATHER

11. Industry or business _____
12. Name John Weaver
13. Birthplace Virginia
(City, town, or county) (State or foreign country)
14. Maiden name Julia Hensley
15. Birthplace Virginia
(City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Ernest Weaver
(b) Address Route 2, Columbia, Mo.

17. (a) Burial (b) Date thereof 9-10-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Grandview Cemetery

18. (a) Signature of funeral director Parker Funeral Service
(b) Address Columbia, Mo.

19. (a) 9-11-47 (b) Mrs R E Palmer
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(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 W. H. ... (M. D. or other) MD
Address Columbia Mo Date signed 9/11/47

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

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 9-19-47

MS. SEP 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 Charles L. Training
Licensed Embalmer No. 4132
P. O. Address Columbia, 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.