No. 2
-12-45
-17-39
I X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 18 1947

Registration District No. 59

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 37395

Primary Registration District No. 4097

Registrar's No. 169

1. PLACE OF DEATH:

(a) County Cass

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

(c) Name of hospital or institution: Harrisonville Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 48 days. (Specify whether
In this community 68 years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cass 19

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. 9 miles S. of Harrisonville
(If rural, give location)

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

If yes, name country 10

3. (a) PRINT FULL NAME Henry Rutt Weaver.

3. (b) If veteran, name war None

3. (c) Social Security No. No.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife deceased.

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

7. Birth date of deceased 2 (Month) — 3 (Day) — 1861 (Year)

8. AGE:

Years	Months	Days	If less than one day
86	9	9	hr. min.

9. Birthplace Wooster (City, town, or county) Ohio (State or foreign country)

10. Usual occupation Farmer - 21 years retired

11. Industry or business

FATHER
12. Name David Wellman Weaver
13. Birthplace Langsford Co (City, town, or county) Penn. (State or foreign country)

MOTHER
14. Maiden name Anna Rutt.
15. Birthplace No record. 9 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs L. D. Vansandt
(b) Address Harrisonville Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/14/47 (Month) (Day) (Year)
(c) Place: burial or cremation Garden City Cem.

18. (a) Signature of funeral director Atkinson Bros.
(b) Address Harrisonville Mo.

19. (a) Nov. 12-1947 (Date received local registrar) (b) Laura J. Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 12
year 1947 hour 12 minute 15 A.M.

21. I hereby certify that I attended the deceased from July 20, 1947, to Nov 12, 1947
that I last saw him alive on Nov 11, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Diabetes Melitus	3 yrs
Due to Arterio Hypertension	
Due to Senility	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 6	
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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature David Hong (M. D. ~~or other~~)

Address Harrisonville Mo Date signed 11/12-47

(Licensed Embalmer's Statement on Reverse Side)

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 Floyd Atkinson

Licensed Embalmer No. 3920

P. O. Address Harrisonville

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.