. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 17 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 44412

Registration District No. 136 Primary Registration District No. 2001 Registrar's No.

49
2
5

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

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2215 Empire 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 Life Time
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 49
(a) State Missouri (b) County Jasper
(c) City or town Joplin
(If outside city or town limits, write "RURAL")
(d) Street No. 2215 Empire 0
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Charles A. Weaver
3. (b) If veteran, name war
3. (c) Social Security 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
6. (c) Age of husband or wife if alive years
7. Birth date of deceased December (Month) 20 (Day) 1870 (Year)

8. AGE: Years 76 Months 11 Days 2 If less than one day hr. min.

9. Birthplace Jasper County Mo. 11
(City, town, or county) (State or foreign country)
10. Usual occupation Retired
11. Industry or business
FATHER
12. Name Joseph Weaver
13. Birthplace Rockingham Co. Virgina
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Susa Good
15. Birthplace Virgina 1
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs Dix (Daughter)
(b) Address Joplin Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof II/25-47 (Month) (Day) (Year)
(c) Place: burial or cremation Weaver Cemetery
18. (a) Signature of funeral director Hedge-Lewis
(b) Address Webb City Mo.
19. (a) 11-26-47 (Date received local registrar) (b) Dolores Lampkins DR. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 22
year 1947 hour 8 minute 55 A M.
21. I hereby certify that I attended the deceased from Nov. 21, 1947, to Nov. 22, 1947
that I last saw him alive on Nov. 21, 1947;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocardial Collapse	
Due to Uremia	
Due to Carcinoma of bowel	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 46E	
Of autopsy	

PHYSICIAN
Underline the cause of 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 2
Signature E O Martin or other DO
Address 506-7 Frisco Bldg. Joplin, Mo. Date signed 11-24-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

47-12-1019

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 Leonard J. Lewis Jr., Registered Apprentice No. 46, working under my personal supervision.

Signed E. D. Hedge

Licensed Embalmer No. 2859

P. O. Address Webb City

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.