FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 30 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23868

Registration District No. 277 | Primary Registration District No. 4411 | Registrar's No. 40

1. PLACE OF DEATH:
(a) County Pike
(b) City or town Bowling Green (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home (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)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Pike 82
(c) City or town Bowling Green (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 Minnie Lee Weatherford
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~~ Married
6. (b) Name of husband or wife Parren M Weatherford
6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased Mar (Month) 3 (Day) 1880 (Year)

8. AGE: Years 68 | Months 4 | Days 9 | If less than one day hr. min.
9. Birthplace New Hartford (City, town, or county) Mo. (State or foreign country)
10. Usual occupation House wife
11. Industry or business
12. Name Thomas Hays
13. Birthplace (City, town, or county) Virginia (State or foreign country)
14. Maiden name Rebecca
15. Birthplace (City, town, or county) Virginia (State or foreign country)
16. (a) Informant Mr. P. M. Weatherford
(b) Address Bowling Green Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7 14 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Indian Cr. Cemetery Mo
18. (a) Signature of funeral director Grace Bousstead
(b) Address Bowling Green Mo
19. (a) 7-19-48 (Date received local registrar) (b) Bill Robinson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 12 year 48 hour 11 minute 30 P. M.
21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw her alive on 7-12, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardiac Insufficiency	1 Day
Due to Endocarditis	1 yrs
Due to Bronchial Asthma	yes
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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 Dec
23. Signature J. M. Mathews (M. D. or other)
Address Bowling Green Mo Date signed 7-19-48

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

RECEIVED
District Health Officer No. 1(
District File Number 7:48:13
Date Filed JUL 2 8 1948

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 Harold C. Kirk, Registered Apprentice No. 4 working under my personal supervision.

Signed Grace M. Dan & Lead

Licensed Embalmer No. 2204

P. O. Address Bowling Green

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.