

FILED JUL 29 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH23709
State File No. 3020

| | | | | | | | | | |
|---|--|--|---|---|---|--|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>149</u> | | PRIMARY REG. DIST. NO. <u>1002</u> | | Registrar's No. _____ | | | |
| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give town) <u>Kansas City</u> | | | c. LENGTH OF STAY (in this place) <u>19 months</u> | c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u> | | | d. STREET ADDRESS (If rural, give location) <u>127 So. Kensington</u> | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Rebecca</u> | | | | b. (Middle) <u>Emmaline</u> | | c. (Last) <u>Weaver</u> | | | |
| 5. SEX <u>female</u> | | 6. COLOR OR RACE <u>white</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>July 7, 1950</u> | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | | 8. DATE OF BIRTH <u>Aug. 13, 1868</u> | | 9. AGE (In years last birthday) <u>81</u> | 11. BIRTHPLACE (State or foreign country) <u>Illinois</u> | | |
| 13a. FATHER'S NAME <u>Archibald McDonald</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Rachel Roberson</u> | | 14. NAME OF HUSBAND OR WIFE <u>Thomas T. Weaver, husband</u> | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>No</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Rachel Clark, 127 So. Kensington, KC MO</u> | | | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Tubercular Heart Disease</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Senile Deterioration</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u> <u>4214</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | | | |
| 22. I hereby certify that I attended the deceased from <u>7/6</u> , 19 <u>50</u> , to <u>7-16</u> , 19 <u>50</u> ; that I last saw the deceased alive on <u>7/6</u> , 19 <u>50</u> , and that death occurred at _____ m., from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE <u>R.A. Williams</u> U (Degree or title) <u>M.D.</u> | | | | 23b. ADDRESS <u>5400 St John Ave. E. Mo</u> | | 23c. DATE SIGNED <u>7/7-1950</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u> | | 24b. DATE <u>7/7/50</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>-</u> | | 24d. LOCATION (City, town, or county) (State) <u>Ottawa, Kansas</u> | | | |
| DATE REC'D BY LOCAL REG. <u>7-10-50</u> | | REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>STINE & McCLURE, Kansas City, Mo.</u> | | | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Joseph M. M. Carls

Signed.....
Student Embalmer

Licensed Embalmer No. 4644

P. O. Address KC 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.