

No. 2
-8-13
-17-39
X37823

FILED MAR 7 1946

State File No.

Registration District No. 80

Primary Registration District No. 4142

Registrar's No. 5'

1. PLACE OF DEATH:

(a) County Cole ~~Moniteau~~

(b) ~~City~~ town Russellville ~~Moniteau~~
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 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 _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri County Moniteau ⁶⁸

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

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME SARAH O. WEAYER

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 13th
year 1946 hour 7 minute 00 A.M.

4. Sex Female

5. Color or race white

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

6. (b) Name of husband or W. A. Weaver

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

7. Birth date of deceased Jan. 3 1866
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 5 1946 to Feb. 13, 1946
that I last saw h. er alive on Feb. 12, 1946
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

80 1 10 hr. _____ min.

Immediate cause of death Chronic Heart Disease

Due to _____

Due to _____

Duration Not definite white

9. Birthplace High Point Mo. 0
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)

Major findings: None

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name no record

13. Birthplace no record 9
(City, town, or county) (State or foreign country)

14. Maiden name no record

15. Birthplace no record 9
(City, town, or county) (State or foreign country)

16. (a) Informant Dr. R. E. Weaver

(b) Address Russellville

17. (a) Burial (b) Date thereof 2-15-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation High Point Cem.

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? _____

18. (a) Signature of funeral director W. Steffens

(b) Address Russellville

19. (a) Feb. 15 (b) Mrs. M. M. Nittmann
(Date received local registrar) (Registrar's signature)

While at work? Water & Fuel (Specify type of place) (e) Means of injury _____

23. Signature Russellville Mo (M. D. or other) _____
Address _____ Date signed 2-12-46

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

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 3-6-46

MAR 22 1946

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

G. M. Stephens

Licensed Embalmer No. 2307

P. O. Address

Russellville 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.