James H. (Harley) Weaver

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Birth: Feb. 8, 1911 Muncie Delaware County Indiana, USA Death: Jun. 2, 1954 Saint Louis St. Louis City Missouri, USA

Married Juanita Hutson May 5, 1931. To this union two children were born Judy Ann and Gary Allen Weaver who survive him. Besides his wife and children he is survived by his father, five sisters, Mrs. Lena Cummings of Steelville, Mrs. Elsie Jones of Seymour, Indiana, Mrs. Vera Jones of Brownstown, Indiana, Mrs. Ruth McCoy of Middletown, Indiana and Mrs. Rosemary Wilkinson of Muncie, Indiana. Also surviving him are three brothers, Charles Sheldon of Steelville, Loren Barton and John of Muncie, Indiana.

Family links:

Parents: Osten Winfred Weaver (1879 - 1969) Rosa Mae *Farance* Weaver (1885 - 1949)

Spouse:

Bessie Juanita Hutson Land (1932 - 1959)

Siblings:

Lena Pearl *Weaver* Cummings (1906 - 2012)* Sylvia C. *Weaver* Haney (1907 - 1935)* Lowel Wilbur Weaver (1907 - 1913)* Loren Berton Weaver (1909 - 1962)* James H. (Harley) Weaver (1911 - 1954) Clara O. Weaver (1916 - 1916)* Anna Rosemary *Weaver* Wilkinson (1922 -2001)*

*Calculated relationship

Burial: <u>Cherryville Baptist Church Cemetery</u> Cherryville Crawford County Missouri, USA

Edit Virtual Cemetery info [?]

Maintained by: Lola Pitman Snyder



Added by: Laura Armes



Cemetery Photo Added by: <u>Stotler</u> Originally Created by: <u>Simmerly3</u> Record added: Dec 16, 2010 Find A Grave Memorial# 62981280

| FILED JUN 24 1934 STANDARD CERTIFICATE OF DEATH State File No. BIRTH MO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Repistrar's No. 4956 I. PLACE OF DEATH a. COUNTY I Institution: residence before a. STATE Missouri. b. COUNTY Crawford II Institution: residence before b. CITY (If outside corporate limits, write BURAL and give township) c. LENGTH OF C. LENGTH OF OR STAY (In this place) c. CITY b. COUNTY Crawf ord a. State File No. b. CITY (If outside corporate limits, write BURAL and give township) c. LENGTH OF TOWN St. LOUIS, Missouri c. LENGTH OF STAY (In this place) c. CITY b. COUNTY Crawf ord a. State File No. d. FULL NAME OF (If not is booptal or institution, give strest address or location) c. CITY a. STREET (If runsh, give location) B. STREET 0 d. FULL NAME OF a (If is to booptal or institution, give strest address or location) b. (Middle) c. (Lest) ADRESS B. CHICK B. COUNTY 3. NAME OF a. (First) b. (Middle) c. (Lest) 4. DATE (Month) (Day) (Year) 3. NAME OF a. (First) b. (Middle) c. (Lest) 4. DATE (Month) (Day) (Year) 3. NAME OF a. (Pirst) <td< th=""><th></th><th></th><th></th><th></th><th>ON OF HE</th><th></th><th></th><th></th><th>1</th><th></th><th>1</th><th>214</th><th>132</th></td<> | | | | | ON OF HE | | | | 1 | | 1 | 214 | 132 |
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| 2. I hereby certify that I attended the deceased from 1/21, 1951, to 6/2/, 1951, that I last saw the decease alive on 6/2/51, 19, and that death occurred at 1:20 pn., from the causes and on the date stated above. 3a. SIGNATURE (Degree or title) 23b. ADDRESS A. BURIAL CREMA DON REMOVAL (Browner) 24b. DATE / 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (Olty, town, or county) (State) A. BURIAL CREMA DON REMOVAL (Browner) 24b. DATE / 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (Olty, town, or county) (State) A. BURIAL CREMA DON REMOVAL (Browner) 24b. DATE / 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (Olty, town, or county) (State) A. BURIAL CREMA DON REMOVAL (Browner) 24b. DATE / 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (Olty, town, or county) (State) A. BURIAL CREMA D. CHEMPTON (DITY) 24b. DATE / 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (Olty, town, or county) (State) CHEMPTON (DITY) 24b. DATE / 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (DITY, town, or county) (State) | Id. TIME (Month) | (Day) (Year) (| W | HILE AT | | 21f. HOW | DID INJURY | OCCUR? | | <u></u> | | 33 | ox |
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| Removal 6-3-54 Local Cherryville, Missouri. | 4a. BURIAL, CREMA | | /1 | 24c. NAME | | - | ATORY | 24d. LOCA | ATION (Oity, | town, or cou | | | te) |
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