

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:

[Cherryville Baptist Church Cemetery](#)

Cherryville

Crawford County

Missouri, USA

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Maintained by: [Lola Pitman Snyder](#)



Added by: [Laura Armes](#)



Cemetery Photo

Added by: [Stotler](#)

Originally Created by: [Simmerly3](#)
Record added: Dec 16, 2010
Find A Grave Memorial# 62981280

FILED JUN 24 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

21432

4956

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri. b. COUNTY Crawford			
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis, Missouri		c. LENGTH OF STAY (in this place) 0		c. CITY OR TOWN Salem		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL				e. STREET ADDRESS (If rural, give location) Rt. # 4			
3. NAME OF DECEASED (Type or Print)		a. (First) James		b. (Middle) Harley		c. (Last) Weaver	
4. DATE OF DEATH (Month) (Day) (Year) June 2 1954		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Feb. 8, 1911		9. AGE (In years last birthday) 43		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoe Worker		11. BIRTHPLACE (City and State or Foreign Country) Muncie, Indiana	
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME Osten Weaver		13b. MOTHER'S MAIDEN NAME Rose Farrance		14. NAME OF HUSBAND OR WIFE Juanita Weaver	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No. Nil.		16. SOCIAL SECURITY NO. Unk.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Charles Weaver Cherryville, Mo.			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ruptured Congential Cerebral Aneurysm ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 5-Weeks	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		21f. HOW DID INJURY OCCUR? 330x	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from 4/24 , 19 54 , to 6/2 , 19 54 , that I last saw the deceased alive on 6/2/54 , 19 54 , and that death occurred at 4:20 pm. , from the causes and on the date stated above.			
23a. SIGNATURE H. Bradley		(Degree or title) M.D.		23b. ADDRESS BARNES HOSPITAL		23c. DATE SIGNED 6-2-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 6-3-54		24c. NAME OF CEMETERY OR CREMATORY Local		24d. LOCATION (City, town, or county) (State) Cherryville, Missouri.	
DATE REC'D BY LOCAL REG. JUN 4 1954		REGISTRAR'S SIGNATURE J. Earl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe 4700 Washington.			

E.P. (Licensed Embalmer's Statement on Reverse Side)