

REC'D NOV 18 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

35839  
Do not use this space.

1. PLACE OF DEATH

(a) County Howard Registration District No. 380  
(b) Township Franklin, Primary Registration District No. 5530 Registered No. 23  
(c) City..... (d) Street No. Highway # 87 So. Boonesboro St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

362 Polly Louise Waters

(a) Residence, No. R.F.D. # 1 Franklin, Missouri St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Child  
(write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 6, 1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
0 1 11

8. Trade, profession, or particular kind of work done, as Baby  
sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) Howard County 0  
(STATE OR COUNTRY) Mo. 0

13. NAME Charley Waters 0

14. BIRTHPLACE (CITY OR TOWN) Howard County 0  
(STATE OR COUNTRY) Mo. 0

15. MAIDEN NAME Mattie Inez Rugg

16. BIRTHPLACE (CITY OR TOWN) Howard County  
(STATE OR COUNTRY) Mo.

17. INFORMANT Mr. Charley Water  
(ADDRESS) R.F.D. # 1 Franklin, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Jones Cemetery DATE Oct. 18, 1938

19. FUNERAL DIRECTOR (NAME) L. J. Meister  
(ADDRESS) Boonville Mo.

20. FILED Oct. 18, 1938 Clara V. Landrum  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 17, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 10, 1938, to Oct 17, 1938

I last saw her alive on Oct 16, 1938 Death is said to have occurred on the date stated above, at 2.30 A.M.

The principal cause of death and related causes of importance were as follows:

Acute Parotitis Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? No Date of injury....., 19.....

Where did injury occur?.....  
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify.....

(Signed) M. S. McGuire, M. D.

(Address) Boonville Mo.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

129

RECEIVED  
District Health Officer No. 8,  
File Number  
11/1/58

**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,

*L. J. Meister*

or by

Registered Apprentice No. ...., working under my personal supervision.

Signed

*L. J. Meister*

Licensed Embalmer No. 2232 ✓

P. O. Address *Boonville Pa Pa*

**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, above space should be left blank.**

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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CERTIFICATE OF DEATH

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1. PLACE OF DEATH

(a) County Howard Registration District No. 380  
(b) Township Franklin Primary Registration District No. 5830 Registered No. 23  
(c) City..... (d) Street No.....  
(If death occurred in Hospital or Institution, write its name instead of street and number) St.  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Polly Louise Waters

(a) Residence, No. .... St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) child

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
1 11

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year).....

11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE..... DATE....., 19.....

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED....., 19.....

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 17, 1938

22. I HEREBY CERTIFY, That I attended deceased from....., 19....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at..... m.

The principal cause of death and related causes of importance were as follows:

acute Peritonitis Date of onset

Other contributory causes of importance:

intra abdominal infection of Blood.

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify

(Signed) W. S. McQuinn, M. D.

(Address) Adm. Bldg.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAWS.  
A. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SUPPLEMENT

