

REC'D FEB 21 1939

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

2543

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson (b) Township Blue (c) City Independence (d) Street No. Independence Sanitarium 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

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 16, 1899
7. AGE YEARS 39 MONTHS 9 DAYS 20 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Casket Maker
9. Industry or business in which work was done, as saw mill, bank, etc. Casket Factory
10. Date deceased last worked at this occupation (month and year) 12/19/1938 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Henry County 0
(STATE OR COUNTRY) Missouri 0

FATHER 13. NAME George Waldridge 0
14. BIRTHPLACE (CITY OR TOWN) Henry County 0
(STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Winnie Miles
16. BIRTHPLACE (CITY OR TOWN) Henry County
(STATE OR COUNTRY) Missouri

17. INFORMANT Mrs. Reevel Waldridge
(ADDRESS) Perry, Kansas

18. BURIAL, CREMATION, OR REMOVAL
PLACE Woodlawn Indep. DATE Jan. 8 39

19. FUNERAL DIRECTOR Ott & Mitchell
(ADDRESS) Independence, Missouri

20. FILED 1-13-39 F. L. Cook
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-6 1939

22. I HEREBY CERTIFY, That I attended deceased from Dr. Caylor, 1939

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at 3:25 A. m.

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

Symphatic Leukemia Date of onset

Other contributory causes of importance: 72 W

Name of operation Cancer Date of.....
What test confirmed diagnosis? Autops Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... 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) J. H. Caylor M. D.
(Address) Perry, Kansas

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.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....
..... L. E.
No..... or by....., Registered Apprentice No.....
working under my personal supervision.

Signed.....
..... Licensed Embalmer No.....

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.)