

1939 FEB 9

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

4271
Do not use this space.

1. PLACE OF DEATH

(a) County Worth Registration District No. 902
(b) Township Wetchall Primary Registration District No. 4545 Registered No. _____
(c) City Grant City, Mo. (d) Street No. _____ 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

260 JEMIMA WAUGH
(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 ♀ 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Milton J. Waugh
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 15, 1860
7. AGE YEARS 78 MONTHS 11 DAYS 18 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
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) one year 11. Total time (years) spent in this occupation _____
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Blacksburg Iowa
13. NAME John Roach
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wynonah Ohio
15. MAIDEN NAME Mary Tawbaugh
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland
17. INFORMANT (ADDRESS) John J. Wetchall Grant City, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Wetchall DATE 1/5 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Arch C. Duffee Grant City, Mo.
20. FILED 2-7-39 Paul Mullin Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) _____, 1939
I HEREBY CERTIFY, That I attended deceased from Jan 1 1937, to Jan 3 1939
I last saw him alive on Jan 2 1939 Death is said to have occurred on the date stated above, at 7 P m.
The principal cause of death and related causes of importance were as follows:
Broncho Pneumonia Date of onset 12/21/38
Cerebral Hemorrhage 1937
Arterio Sclerosis
Other contributory causes of importance: Several years of ill
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? _____ 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) O. L. Fullerton M. D.
Paul Myron (Address) _____

K. 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 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 Arch C. Duffee

Licensed Embalmer No. 3256

P. O. Address Grant City,

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.