

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.

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

18097
Do not use this space.

REC'D JUN 14 1939

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 85
 (b) Township Washington Primary Registration District No. 1001
 (c) City St. Joseph, Mo. (d) Street No. 62 East Hyde Park St.
 (e) Length of residence in city or town where death occurred 72 yrs. 4 mos. 11 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 541

2. PRINT FULL NAME John Mary Waugh

(a) Residence, No. 62 East Hyde Park, St. Joseph, Mo. (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 (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 13, 1867
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 4 10

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Dressmaker
 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) Ringo County, Iowa
 (STATE OR COUNTRY)

13. NAME Harvey Waugh

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

15. MAIDEN NAME Nancy Bishop

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

17. INFORMANT Mrs. Flora Williams
 (ADDRESS) 62 E. Hyde Park, St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Middlefork, Iowa DATE May 25, 1939

19. FUNERAL DIRECTOR (NAME) Fleeman & Son, Inc.
 (ADDRESS) 1946 Calhoun, St. Joseph, Mo.

20. FILED May 24 39 H. J. Nestlebuch
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 23 1939
 22. I HEREBY CERTIFY, That I attended deceased from April 17 1939 to May 23 1939
 I last saw her alive on May 23 1939. Death is said to have occurred on the date stated above, at 7:20 P.M.
 The principal cause of death and related causes of importance were as follows:

Carcinoma of stomach Date of onset unknown
H/o
 Other contributory causes of importance:
Arteriosclerosis unknown
Hemorrhage from stomach Apr. 1939

Name of operation none Date of
 What test confirmed diagnosis? Clinical Was there an autopsy? partial

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury
 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) [Signature] M. D.
 (Address) St. Joseph, Mo.

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 Minfred Schaalley

Licensed Embalmer No. 3909 -

P. O. Address St. Joseph, Mo.

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.