

25 AUG 22 1939

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

25766
Do not use this space.

1. PLACE OF DEATH
 (a) County Howell Registration District No. 384
 (b) Township Howell Primary Registration District No. 5535 Registered No. _____
 (c) City _____ (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 19 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Ollie Franklin Waite
 (a) Residence, No. Rt. 1, West Plains, Mo. St. (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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 27, 1883

7. AGE YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
<u>56</u>	<u>1</u>	<u>20</u>	

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

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) Toronto Ohio

13. NAME Wm. A. Waite

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sistersville W. Va.

15. MAIDEN NAME Angenora Broom

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Parkersburg W. Va.

17. INFORMANT (ADDRESS) Mrs. O. F. Waite
West Plains, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Lawn DATE 6/20 19 39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Robertsons' Mortuary
West Plains, Mo.

20. FILED 6/19 19 39 Lida W. SIMONS
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 17 19 39

22. I HEREBY CERTIFY, That I attended deceased from May 13 19 39, to May 20 19 39
 I last saw him alive on May 20 19 39 Death is said to have occurred on the date stated above, at 7:30 A.M.
 The principal cause of death and related causes of importance were as follows:

<u>Angina Pectoris</u> <u>1939</u> <u>April</u>	Date of onset
<u>Aortitis</u> <u>1938</u>	

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? _____ 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) Maurice Shumaker, M. D.
 (Address) West Plains, 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.

WHILE SUBJECT WITH STANDING RECORD THIS IS A PERMANENT RECORD

I X16605

RECEIVED

District Health Officer No. 5,

District File Number 839 72

Date Filed 8-10-39

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.....

.....
working under my personal supervision.

Registered Apprentice No.

Signed

Anthony J. Roberts

Licensed Embalmer No. 3435

P. O. Address West Plains, 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.