OCT 1 [illegible]

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

32914
Do not use this space.

1. PLACE OF DEATH
(a) County Macon 2 Registration District No. 533
(b) Township or City Macon 1 Primary Registration District No. 3027 Registered No. 86
(c) (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 340 Mrs Margaret J. Waddle
(a) Residence, No. ..... St. ☐ .....
(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 Female
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF William P. Waddle
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 6" 1844
7. AGE YEARS 95 MONTHS 1 DAYS 3 If LESS than 1 day, ... hrs. or ..... min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cedar Co. Mo. 0

FATHER
13. NAME Pitman Lindley 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky 0

MOTHER
15. MAIDEN NAME Malinda Williams
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Mr Pitman Waddle Macon, Mo
18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Moberly Mo DATE 9-11-39
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Stephens & Goodding Macon, Mo
20. FILED 10/4 1939 Leota Newton Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-9-1939
22. I HEREBY CERTIFY, That I attended deceased from Aug. 31 39 to Sept. 9, 1939
I last saw her alive on Sept. 9, 1939. Death is said to have occurred on the date stated above, at 3 P.m.
The principal cause of death and related causes of importance were as follows:
Acute cholecystitis 8/30/39.
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Other contributory causes of importance:
Generalized Arterio-sclerosis 192 St
Name of operation none Date of .....
What test confirmed diagnosis? clinical 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) T F Turner, M. D.
(Address) Macon Mo

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(Licensed Embalmer's Statement on Reverse Side)

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.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

I X16605

RECEIVED
District Health Officer No. 10
District File Number 10-39-1738
Date Filed OCT 5 1939

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 .....
O. L. Stephens, Registered Apprentice No. .....
working under my personal supervision.

Signed O. L. Stephens

Licensed Embalmer No. 3057

P. O. Address Macon, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.