

617 FEB 12 1946

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

1671
Do not use this space.

1. PLACE OF DEATH
 (a) County Buchanan Registration District No. 85
 (b) Township _____ Primary Registration District No. 1001 Registered No. 2
 (c) City St. Joseph (d) Street No. St. Joseph's Hospital 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 3 yrs. 11 mos. 23 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Virginia Maxine Wattenbarger

(a) Residence, No. 2320 Sylvania St 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 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 8, 1936

7. AGE YEARS	MONTHS	DAYS	IF LESS than 1 day	hrs.	min.
<u>3</u>	<u>11</u>	<u>23</u>	<u>days</u>		

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

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) St. Joseph, Mo.

FATHER
 13. NAME Claude Wattenbarger
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Browning, Mo.

MOTHER
 15. MAIDEN NAME Maurine Courtney
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Milan, Mo.

17. INFORMANT (ADDRESS) Claude Wattenbarger
2320 Sylvania

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Auburn DATE Jan 3, 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Tracy Barry Funeral Home
218 South 10th St

20. FILED Jan 3 1940 J. J. Neill
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan, 1st, 1940

22. I HEREBY CERTIFY, That I attended deceased from 1-1-1940, to 1-1-1940
 I last saw her alive on 1-1-1940. Death is said to have occurred on the date stated above, at 5 P. M.
 The principal cause of death and related causes of importance were as follows:
Asphyxia
106 N

Date of onset Sudden

Other contributory causes of importance:
1. Brite Infection - Splenical
Bronchitis
2. Non Saprophytic

Name of operation None Date of _____
 What test confirmed diagnosis? Post mortem Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? No Date of injury None, 19____
 Where did injury occur? None
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None
 Nature of injury _____

_____ disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) W. E. Gurnea, M. D.
 (Address) St Joseph Mo

N. B.—Every item of information should be carefully supplied. AGE should be properly classified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

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.....

John E. Rupp

Licensed Embalmer No. *3986*

P. O. Address *St. Joseph*

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.