DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7794

FILED MAR 16 1940

Registration District No. 686 Primary Registration District No. 5913 Registrar's No. 7

1. PLACE OF DEATH:

(a) County Pike [illegible]

(b) City or town near Cunnyville Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2 MILE WEST CORRYVILLE
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County PIKE

(c) City or town RURAL
(If outside city or town limits, write "RURAL")

(d) Street No. 0 2 MILES EAST CORRYVILLE
(If rural, give location)

(e) If foreign born, how long in U. S. A.? — years.

3. (a) PRINT FULL NAME WILLIAM HENRY WADDELL 340

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced W. Tower

6. (b) Name of husband or wife Annie Henry x Gates

6. (c) Age of husband or wife if alive — years

7. Birth date of deceased Nov 17 - 1851 (Month) (Day) (Year)

8. AGE: Years 88 Months 2 Days 7 If less than one day hr. min.

9. Birthplace Pike Co Mo (City, town, or county) 0 (State or foreign country)

10. Usual occupation retired Farmer 0

11. Industry or business 0

FATHER
12. Name Richard Waddell 1
13. Birthplace Pike Co Mo (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Dont Know
15. Birthplace Dont Know (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Ed Waddell
(b) Address Cunnyville Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feby 27 - 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Cunnyville Mo

18. (a) Signature of funeral director W F Shea 1 (9)
(b) Address Louisiana Mo 1 (2)

19. (a) 2/27 1940 (Date received local registrar) (b) Gene Hendrix (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 25 year 1940 hour 10:00 A.M. minute M.

21. I hereby certify that I attended the deceased from Jan. 17th, 1940, to Feb. 25, 1940, that I last saw him alive on Feb. 24, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic mio-carditis	
Due to	
Due to 93 C	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature Rhee Alford M.D. (M. D. or other) 1
Address Vandalia, Mo Date signed 2/26/40

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

50M-5-17-39 Rev. 5-17-39 1 X19511

Gene Hensix

RECEIVED
District Health Officer No. 10
District File Number 3-40-565
Date Filed MAR 8 1940

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 Harold Garner, Registered Apprentice No. ....., working under my personal supervision.

Signed Harold Garner

Licensed Embalmer No. 3720

P. O. Address Louisiana 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.