

619 JUL 17 1940

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

22115  
Do not use this space.

1. PLACE OF DEATH

(a) County Lafayette Registration District No. 465  
(b) Township Waverly Primary Registration District No. 4278 Registered No. 9  
(c) City Waverly (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

(a) Residence, No. Waverly Mo 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George Ann Morris  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 16, 1870  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
70 0 11

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired 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 0

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

FATHER 13. NAME Wayman Burgess

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER 15. MAIDEN NAME Katherine Patton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Raymond Burgess  
2 Waverly Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Waverly Cem DATE 6-30-40

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Stanley Carrolton  
Mo

20. FILED June 29, 1940 Clayton H. Landrum  
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 27, 1940  
22. I HEREBY CERTIFY, That I attended deceased from June 26, 1940 to June 27, 1940  
I last saw h. im alive on June 27, 1940. Death is said to have occurred on the date stated above, at 8:30 a.m.  
The principal cause of death and related causes of importance were as follows:

cerebral hemorrhage  
9413  
Other contributory causes of importance:  
arterial hypertension ?  
disease of the coronary arteries ?

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? none 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) Douglas G. Kelling, M. D.  
(Address) Waverly, Mo

Date Filed H-16-410  
Index the Number  
INDEXED

**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 Ben W Gibson

Licensed Embalmer No. 2961

P. O. Address Carrollton, Pa.

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

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