

FILED SEP-23-1940
Registration District No. _____

Primary Registration District No. 200

Registrar's No. 33

6
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Lewis

(b) City or town Rural, Union Township
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 74 Years
years, months or days

3. (a) PRINT FULL NAME Ben R. Waterman 365

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Elizabeth Waterman

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

7. Birth date of deceased Dec. 3rd. 1865
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>8</u>	<u>22</u>	hr. _____ min.

9. Birthplace Lewis County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name William Waterman 11

13. Birthplace England T
(City, town, or county) (State or foreign country)

14. Maiden name Sylvia Cole

15. Birthplace England 4
(City, town, or county) (State or foreign country)

16. (a) Informant Everett Waterman

(b) Address Palmyra Mo.

17. (a) Burial (b) Date thereof Aug. 27th/1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dover

18. (a) Signature of funeral director A. Robert

(b) Address La Grange Mo.

19. (a) Aug 26 - 1940 (b) P. W. Cummings M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County LEWIS

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

(d) Street No. _____ (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 25, 1940
year _____ hour 5:00 minute A M.

21. I hereby certify that I attended the deceased from Oct 8, 1940, to Aug 25, 1940
that I last saw live alive on Aug 22, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death DIABETES MELLITUS Duration _____

Due to _____ 54

Due to _____

Other conditions ARTERIO-SCLEROSIS
(Include pregnancy within 3 months of death)

PHYSICIAN _____

Major findings: _____

Of operations _____

Of autopsy _____

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 W. F. Elvey (M. D. or other) 1

Address Palmyra Mo. Date signed Aug 27 1940

3-23-11

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.....

A.A. Roberts

Registered Apprentice No.....

working under my personal supervision.

Signed.....



Licensed Embalmer No.....**1626**

P. O. Address.....**La Grange, 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, fact should be so stated above.