

DEC 12 1940  
Registration District No. 338

Primary Registration District No. 5474

Registrar's No. \_\_\_\_\_

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

1. PLACE OF DEATH:

(a) County Harrison

(b) City or town Melbaune Mo. Rural  
(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)

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

In this community 3 months & days \_\_\_\_\_ (Specify whether \_\_\_\_\_)

2- USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Harrison

(c) City or town Melbaune Mo. 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.

3. (a) PRINT FULL NAME LEONA M. WATERBURY

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 8  
year 1940 hour about 10 minute A M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw h \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;

and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced \_\_\_\_\_

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years \_\_\_\_\_ (Day) \_\_\_\_\_ (Year)

7. Birth date of deceased Aug \_\_\_\_\_ 1940 \_\_\_\_\_  
(Month) (Day) (Year)

Immediate cause of death Asphyxiation Duration \_\_\_\_\_

Due to Being wrapped so much as to prevent \_\_\_\_\_

Due to out in stormy weather \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

8. AGE: Years \_\_\_\_\_ Months 3 Days 2 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Harrison Mo. \_\_\_\_\_  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name Alfred K Waterbury \_\_\_\_\_

13. Birthplace Harrison Mo. \_\_\_\_\_  
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Magle \_\_\_\_\_

15. Birthplace Harrison Mo. \_\_\_\_\_  
(City, town, or county) (State or foreign country)

Major findings: \_\_\_\_\_

Of operations 1671 \_\_\_\_\_

Of autopsy 1104 \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant Alfred K Waterbury

(b) Address Melbaune Mo. Rural

17. (a) Buried (b) Date thereof Nov 12 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Harrison Cemetery

18. (a) Signature of funeral director W D Haines

(b) Address Gibson City Mo.

19. (a) 12/10/40 (b) J. J. Elephant  
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence Nov 8 1940

(c) Where did injury occur? on highway in Sugar Creek Mo.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? no

(Specify type of place) \_\_\_\_\_

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature Joe E. Wheeler \_\_\_\_\_ (M.D. or other) \_\_\_\_\_

Address Putney Mo. Date signed Nov 8 1940

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**