

No. 2  
4-18-40  
5-17-39  
PI X231

State File No. \_\_\_\_\_

JAN 25 1941 689  
Registration District No. \_\_\_\_\_

Primary Registration District No. 3032

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

1. PLACE OF DEATH:

(a) County Pike Co. Missouri

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

(c) Name of hospital or institution: Pike County Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 23 days  
(Specify whether years, months or days)

In this community 9 months  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Dick Waddell

3. (b) If veteran, name war none

3. (c) Social Security No. no

4. Sex male 5. Color or race White

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

6. (b) Name of husband or wife Mary Christian

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

7. Birth date of deceased May 28 1874  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

66 6 25 hr. min.

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

10. Usual occupation Farmer

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

12. Name Joseph G. Waddell

13. Birthplace Frankfort Kentucky  
(City, town, or county) (State or foreign country)

14. Maiden name Elyse Owen

15. Birthplace Pike County Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Pike County Hospital

(b) Address Louisiana Mo.

17. (a) Burial (b) Date thereof Dec 26/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Frankfort Mo

18. (a) Signature of funeral director Frankford Smith

(b) Address Frankfort Mo

19. (a) 12-23-40 (b) J. C. Healy  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pike

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

(d) Street No. 202 North 7th St  
(If rural, give location)

(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 23  
year 1940 hour 7 minute 5 P. M.

21. I hereby certify that I attended the deceased from Nov 28 1940 to Dec 23 1940  
that I last saw him alive on Dec 23 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Chronic Myocarditis

Due to Chronic Nephritis

Due to \_\_\_\_\_

Other conditions 131  
(Include pregnancy within 3 months of death)

Major findings: Chronic Prostatitis

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

Of autopsy none

Duration \_\_\_\_\_

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? 620

(e) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. \_\_\_\_\_)

Address Louisiana Mo Date signed 12/23/40

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

32  
5  
1

RECEIVED

District Health Officer No. 10

District File Number 1-41-8

Date Filed JAN 7 1941

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

*Crawford Smith*

Licensed Embalmer No. 3814

P. O. Address Hannibal 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.