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FEB 14 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH STANDARD CERTIFICATE OF DEATH

State File No. **2354**

Registration District No. 219

Primary Registration District No. 5299

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Cooper

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

(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)

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

In this community Entire Life
years, months or days

3. (a) PRINT FULL NAME William Preuitt Waller

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Nannie Waller

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

7. Birth date of deceased: March 30 1852
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>88</u>	<u>9</u>	<u>4</u>	hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business Farm

MOTHER FATHER

12. Name B.R. Waller

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

14. Maiden name Lucy Harris

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

16. (a) Informant Mrs Lattie Waller Sister

(b) Address Bunceton, Mo.

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof Jan 5 1941
(Month) (Day) (Year)

(c) Place: burial or cremation Bunceton Masonic Cem

18. (a) Signature of funeral director Jessie G. Whitaker

(b) Address Bunceton, Mo

19. (a) 1-4-41
(Date received local registrar)

(b) Ann Whitaker
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper

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

(d) Street No. Kelly Twp.
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 4th
year 1941 hour 7 minute 30 A.M.

21. I hereby certify that I attended the deceased from Dec 10th 1940, to Jan 3rd 1941
that I last saw him alive on Jan 3rd 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Indigestion

Due to Senile Debility

Due to _____

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: None

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? _____

MI

While at work? _____
(Specify type of place) (e) Means of injury

23. Signature W.H. Elliott (M. D. or other) OME

Address Bunceton, Mo Date signed Jan 4 1941

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

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9

F-4-41

162

RECEIVED
District Health Officer No. 8
Date Filed 9-12-67
File Number 17-21-8

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 me
....., Registered Apprentice No.....
working under my personal supervision.

Signed Jemell-E. Richards
Licensed Embalmer No. 2466
P. O. Address Lepton, Va

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2954

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 219

Primary Registration District No. 3299

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Cooper
(b) City or town Kelly, T.P.
(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 _____
years, months or days)

3. (a) PRINT FULL NAME Wm Pruitt Walker

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced wid

6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ year

7. Birth date of deceased _____ (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
88 9 4 _____ h. _____ min.

9. Birthplace _____ (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____ (City, town, or county) (State or foreign country)

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

16. (a) Informant _____ (b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (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 Jan day 4 year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Acute Indigestion Duration _____
benile debility
Due to _____

Due to Had had recurring attacks of indigestion
Other conditions _____ (Include pregnancy within 3 months of death)
Possibly Gastroenteritis

Major findings: _____
Of operations _____

Of autopsy _____ 120a

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature W.H. Elliott (M. D. or other) _____

Address Brunswick Date signed 9/13

SUPPLEMENTAL

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

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

