

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. _____

No. 2
1-10-39
17-39
X21492

MAR 14 1941
Registration District No. 218

Primary Registration District No. 3015

Registrar's No. 20

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

1. PLACE OF DEATH:
(a) County Cooper
(b) City or town Boonville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Dr. Alex VanRavenswaay Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution several days
In this community all of life.
years, months or days

3. (a) PRINT FULL NAME Dorris Jean Waibel.
8. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

7. Birth date of deceased. October 18th 1935
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
5 3 29 hr. min.

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

10. Usual occupation _____

11. Industry or business _____
MOTHER FATHER { 12. Name Harry Waibel.
13. Birthplace Overton, Mo.
14. Maiden name Barbara King.
15. Birthplace California, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Harry Waibel.
(b) Address Boonville, Mo.

17. (a) Burial (b) Date thereof. Feb. 18th /41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation. Clayton Cemetery.

18. (a) Signature of funeral director. Woodman W. Baller
(b) Address Boonville, Mo.

19. (a) 2-17-41 (b) D. Cooper
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cooper 27
(c) City or town Boonville, Rural.
(If outside city or town limits write "RURAL")
(d) Street No. Route 1
(If rural, give location)
(e) If foreign born, how long in U. S. A. 1 years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb. day 18th.
year 1941 hour 1 minute 15 P. M.

21. I hereby certify that I attended the deceased from Feb. 16
4/1 1941 to Feb. 16 1941
that I last saw her alive on Feb. 16 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Influenza
Due to _____
Due to _____

Other conditions Congenital Heart Disease
(Include pregnancy within 3 months of death)
Major findings: Of operations _____
Of autopsy _____

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 Cubray H. Wells (M. D. Registrar)
Address Boonville, Mo. Date signed Feb. 19, 1941

Duration 1 wk
PHYSICIAN
Underline the cause to which death should be charged statistically.

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.....

J. H. Goodman

Licensed Embalmer No. *1198*

P. O. Address *Boswell, 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, above space should be left blank.