

FILED APR 25 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10205
Registrar's No. 13

Registration District No. 92

Primary Registration District No. 4055

1. PLACE OF DEATH:
(a) County Caldwell
(b) City or town Braymer
(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 1
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Ulysses Grant Waters
3. (b) If veteran, name was no
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 Arena Waters
6. (c) Age of husband or wife if alive x years
7. Birth date of deceased Mar. 5, 1869
(Month) (Day) (Year)

8. AGE: Years 72 Months 1 Days 1
If less than one day hr. _____ min. _____

9. Birthplace unknown
(City, town, or county) (State or foreign country)
10. Usual occupation Rural Mail Carrier
11. Industry or business U.S. Govt.

MOTHER FATHER { 12. Name Elmore Waters
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Harold Waters
(b) Address Braymer, Mo
17. (a) Burial (b) Date thereof 4/8/41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Evergreen Cem.

18. (a) Signature of funeral director Bernard F. Mead
(b) Address Braymer, Missouri
19. (a) Apr. 8, 1941 (b) H. Patterson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Caldwell
(c) City or town Braymer
(If outside city or town limits, write "RURAL")
(d) Street No. 0 (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 6th
year 1941 hour 3 minute 00 a. m.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him alive on dead, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris 1/4 Hour

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

Major findings:
Of operations none
Of autopsy viewed

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) r
(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? r

While at work? _____ (Specify type of place)
(e) Means of injury r
23. Signature E. A. Thompson county Corone
(M. D. or other) Mo
Address Fredericksburg Mo Date signed 4-6-41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

JUL 18 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

Donald P. Mead

Licensed Embalmer No.

2801

P. O. Address

Braymer,

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.