. No. 2
-11-10-39
5-17-39
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FILED JUN 13 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19276

Registration District No. 815 Primary Registration District No. 6162 Registrar's No. 173

1. PLACE OF DEATH:

(a) County Vernon

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

(c) Name of hospital or institution: State Hospital No 3 Nevada, Mo
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 days. (Specify whether years, months or days)

In this community 60 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Vernon 108

(c) City or town ~~W~~ Nevada 0
(If outside city or town limits, write "RURAL")

(d) Street No. 627 East Austin. 0
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Alvey A. Waddel

3. (b) If veteran, name war Not Known

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife —

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

7. Birth date of deceased May (Month) 19 (Day) 1860 (Year)

8. AGE: Years 81 Months 0 Days 10 If less than one day hr. min.

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

10. Usual occupation Rooming House Proprietor

11. Industry or business

FATHER
12. Name D. B. Waddel
13. Birthplace / Indiana (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sarah Martin
15. Birthplace / Indiana (City, town, or county) (State or foreign country)

16. (a) Informant: State Hospital Records.
(b) Address Nevada Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/31/41 (Month) (Day) (Year)
(c) Place: burial or cremation Maywood Cemetery

18. (a) Signature of funeral director Funeral Home
(b) Address Nevada, Mo

19. (a) 5/31/41 (Date received by local registrar) (b) Allen V. Hays (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29th year 1941 9 hour 10 minute A. M.

21. I hereby certify that I attended the deceased from 5/20/, 1941, to 5/29/, 1941; that I last saw him alive on 5/28/, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	5 days.
Due to	
Due to	
Other conditions Senile Psychosis (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy No

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

23. Signature G. S. Waraich (M. D. ~~or other~~) O
Address State Hospital. Nevada, Mo Date signed 5/29/41

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 7,
District File Number 6-44-987
Date Filed 6-10-44

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 Lloyd R. Winnott

Licensed Embalmer No. 3857

P. O. Address Nevada, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.