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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

27699

State File No. _____

FILED AUG 29 1941 26

Registration District No. _____

Primary Registration District No. 3002

Registrar's No. 122

1. PLACE OF DEATH:

(a) County Andrain
(b) City or town Meriop
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Andrain Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Since July 5, '41
(Specify whether _____)
In this community 28 days
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Boone
(c) City or town Centralia
(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.

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24
year 1941 hour 4:00 minute pm M.

I hereby certify that I attended the deceased from July 5, 1941, to July 24, 1941,
that I last saw him alive on July 24, 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
Chronic Cardiac Valvular Disease

Due to General arteriosclerosis

Due to Hypertrophied Prostate
glad

Other conditions _____

(Include pregnancy within 3 months of death) 93d

Major findings: _____

Of operations no operation

Of autopsy _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Joe Franklin Waters

3. (b) If veteran, name war _____ No. _____
3. (c) Social Security No. None

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

6. (b) Name of husband or wife Mary Ann Hall Waters 6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased Jan. 20, 1853
(Month) (Day) (Year)

8. AGE: Years 88 Months 6 Days 4 If less than one day hr. _____ min. _____

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

10. Usual occupation Retired

11. Industry or business _____

12. Name R. P. Waters

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

14. Maiden name Nancy Waters

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

16. (a) Informant Mrs. Mary Ann Waters

(b) Address Centralia, Missouri

17. (a) _____ (b) Date thereof 7/27/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Centralia

18. (a) Signature of funeral director Clara W. Reed
(b) Address Meriop, Mo.

19. (a) July 26, 1941 (b) Blanche Neely
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence no

(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. D. Brashear (M. D. or other) W. D.
Address Mexico Mo Date signed 7/24/41

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

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File Number 8-41-1539

Date Filed AUG 20 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 Everett R. Head

Licensed Embalmer No. 4038

P. O. Address Mexico, 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.