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FILLED SEP 19 1941

State File No. _____

Registration District No. 207

Primary Registration District No. 4123-

Registrar's No. 29-27

1. PLACE OF DEATH:

(a) County Clinton

(b) City or town Plattsburg Mo.
(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 none 1
(Specify whether years, months or days) (Specify whether years, months or days)

In this community Forty years.

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Clinton

(c) City or town Plattsburg mo.
(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? 0 years.

3. (a) PRINT FULL NAME George Henry Waggoner

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, widowed

6. (b) Name of husband or wife Victoria Waggoner 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept 6 1951
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>89</u>	<u>11</u>	<u>8</u>	hr. _____ min. _____

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

10. Usual occupation Railroad Agent

11. Industry or business _____

12. Name James Waggoner

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

14. Maiden name Maria Lindsey

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

16. (a) Informant Clair Waggoner

(b) Address Plattsburg mo.

17. (a) Burial (b) Date thereof 8 16 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Plattsburg mo.

18. (a) Signature of funeral director O'Brien - Lyon

(b) Address Plattsburg mo.

19. (a) Aug 15-41 (b) Emmanuel Chabac
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 14
year 1941 hour 2 minute _____ P.M.

21. I hereby certify that I attended the deceased from May 30 to Aug 14, 1941
that I last saw him alive on Aug 7 - 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris Duration 5 min

Due to Arteriosclerosis 1989

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations M/D

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? _____

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

23. Signature P. M. Steckman (M. D. emblem)

Address Plattsburg Mo Date signed 8-15-41

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

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.....

Daniel D. Lyon

Licensed Embalmer No. *3640*

P. O. Address *Plattsburg 7*

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

If this body is not embalmed, fact should be so stated above.