

FILED SEP 13 1941

Registration District No. 431

Primary Registration District No. 3023

Registrar's No. 101

1. PLACE OF DEATH:

(a) County Johnson
 (b) City or town Warrensburg
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Warrensburg Clinic
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 8 days
 Specify whether _____
 In this community _____
 years, months or days _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry 042
 (c) City or town Norris
 (If outside city or town limits, write "RURAL") 0
 (d) Street No. _____
 (If rural, give location) _____
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____ 1

3. (a) PRINT FULL NAME Repton Eldon Waugh

3. (b) If veteran, name war _____ 3. (c) Social Security No. 492-14-0147

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Martha Waugh 6. (c) Age of husband or wife if alive 43 years
 7. Birth date of deceased Aug 9 1891
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>50</u>	<u>0</u>	<u>15</u>	hr. min.

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

10. Usual occupation Carpenter

11. Industry or business _____

MOTHER FATHER { 12. Name Edward P. Waugh
 13. Birthplace Near Norris Mo
 (City, town, or county) (State or foreign country)
 14. Maiden name Mamie E. Witt
 15. Birthplace Near Norris Mo
 (City, town, or county) (State or foreign country)

16. (a) Informant Martha Waugh
 (b) Address Norris, Missouri

17. (a) Burial (b) Date thereof Aug 25 1941
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Carpenter Cem. Mo.

18. (a) Signature of funeral director O. J. Cook
 (b) Address Childhouse Mo.

19. (a) Aug 25, 1941 (b) Leah Anson Dep
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August 24 day
 year 1941 hour 8 minute 45 A.M.
 21. I hereby certify that I attended the deceased from Dec 1 1940
 _____, 19____, to Aug 24 1941
 and that death occurred on the date and hour stated above.
 that I last saw him alive on Aug 24 1941

Immediate cause of death Cirrhosis of liver
not alcoholic
 Duration 1 yr

Due to _____
 Due to 12412
 Other conditions (include pregnancy within 3 months of death) _____
 Major findings: Cirrhosis of liver
ascites (operation Dec. 1940)
 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?
 _____ (Specify type of place)
 While at work? _____ Means of injury _____

23. Signature R. Lee Cooper (M. D. or other) MD
 Address Warrensburg Mo Date signed 8-24

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

SEP 12 1941

FILED
District Health Officer No. 8,
File Number
74-11-6

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.....

Earl Priest

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

Earl Priest

Licensed Embalmer No. *3878*

P. O. Address *Warrensburg, 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.