

No. 2
1-4-41
17-39
X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

38062

State File No. _____

FILED DEC 6 1941

Registration District No. 163

Primary Registration District No. 5228

Registrar's No. 57

1. PLACE OF DEATH:

(a) County Cedar

(b) City or town RURAL, Box TOWNSHIP
(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 _____ (Specify whether _____)

In this community _____ years, months or days (Specify whether _____)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CEGAR

(c) City or town RURAL
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME OTIS WAUGH

3. (b) If veteran, name war none

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV day 14
year 1941 hour 30 minute P M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race White

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

6. (b) Name of husband or wife MAUD WAUGH

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased FEBRUARY-13-1875
(Month) (Day) (Year)

Immediate cause of death.

Crushed skull

Due to Auto accident.

Due to no other car involved

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

8. AGE: Years Months Days If less than one day

66 8 1 _____ hr. _____ min.

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

10. Usual occupation FARMER

11. Industry or business _____

12. Name ABNER WAUGH

13. Birthplace VIR 1 (City, town, or county) _____ (State or foreign country)

14. Maiden name ARDELLA SCOTT

15. Birthplace MO 11 (City, town, or county) _____ (State or foreign country)

16. (a) Informant Ike Waugh

(b) Address R.S. Cedarvale Springs Mo

17. (a) burial (b) Date thereof 11-16-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation HACKLEMAN (Cem)

18. (a) Signature of funeral director GWINN-SIDERS

(b) Address EL DORADO SPRINGS MO

19. (a) Nov-15-41 (b) J.H. Dawson
(Date received local registrar) (Registrar's signature)

Major findings: _____

Of operations _____

Of autopsy _____

1700-6
28

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

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence Nov. 14 1941 20

(c) Where did injury occur? Cedar Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Highway
(Specify type of place)

While at work? _____ (e) Means of injury Auto

23. Signature Orville Siders (M.D. or other) Coroner

Address El Dorado Springs Mo Date signed 11/15/41

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

154

RECEIVED

District Health Officer No. 7,

District File Number 12-41-1971

Date Filed 12-4-41

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 MT Swinn

Licensed Embalmer No. 2084

P. O. Address Edwards Springs

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.