

FILED JAN 20 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

42116

State File No.

Registration District No. 17-400

Primary Registration District No. 5553B

Registrar's No. 188

18
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County: Jackson
(b) City or town: Rural, Prairie, Mo. Co.
(c) Name of hospital or institution: Residence 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 10 yrs.
In this community: 10 yrs.
(Specify whether years, months or days)

3. (a) PRINT FULL NAME: Frederik Clarence Water

3. (b) If veteran, name war:
3. (c) Social Security No.: 487-01-2051

4. Sex: male
5. Color of hair: white
6. (a) Single, widowed, married, divorced: married

6. (b) Name of husband or wife: Lilian Water
6. (c) Age of husband or wife if alive: 63 years

7. Birth date of deceased: Feb-13-1876
(Month) (Day) (Year)

8. AGE: Years: 65, Months: 10, Days: 5, If less than one day: 0 hr. min.

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

10. Usual occupation: Laborer

11. Industry or business: Am. Lumber & Wood Co.

12. Name: Frederik Water

13. Birthplace: Louisville, Ky. (City, town, or county) (State or foreign country)

14. Maiden name: Elizabeth Kiefer

15. Birthplace: unknown, Germany (City, town, or county) (State or foreign country)

16. (a) Informant: Wilma Water

(b) Address: Lee's Summit Mo. RFD.

17. (a) Burial, cremation, or removal: Burial (b) Date thereof: 12-30-1941 (Month) (Day) (Year)

(c) Place: burial or cremation: Elmwood Cemetery

18. (a) Signature of funeral director: Elwood Cemetery

(b) Address: Lee's Summit Mo.

19. (a) 12/19/41 (Date received local registrar) (b) Dan S. Davis (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson 48
(c) City or town: Rural Lee's Summit RFD
(d) Street No.: Residence (If rural, give location)
(e) Citizen of foreign country? (Yes or No) No
If yes, name country:

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Dec - day: 18 year: 1941 hour: 7 minute: 10 A.M.

21. I hereby certify that I attended the deceased from: 11-15-41, 1941 to 12-18-41, 1941 that I last saw him alive on: 12-17-41, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic myocarditis, Chronic glomerulonephritis, Hypertension
Due to:

Due to:
Other conditions: (Include pregnancy within 3 months of death) 1318

Major findings: Of operations: none
Of autopsy: none

Table with 2 columns: Cause of death, Duration. Rows: Chronic myocarditis, Chronic glomerulonephritis, Hypertension.

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) (a) Means of injury:

23. Signature: [Signature] (M. D. or other) M.D.
Address: Lee's Summit Date signed: 12/19/41

17-2-44-107

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..... *P. C. Fields*

Licensed Embalmer No. *2957*

P. O. Address..... *Lee's Summit 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.