V. S. No. 2
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ev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1775

FILED FEB 10 1942

Registration District No. 85 Primary Registration District No. 1001 Registrar's No. 76

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

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St Joseph (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St Joseph Hosp. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days (Specify whether

In this community 50 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

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

(d) Street No. 1718 ½ Union (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME George J. Waller

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male (1)

5. Color or race White

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

6. (b) Name of husband or wife Bertha May Waller

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased Dec (Month) 10 (Day) 1859 (Year)

8. AGE: Years 82 Months 1 Days 12 If less than one day hr. min.

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

10. Usual occupation Retired Contractor

11. Industry or business

FATHER
12. Name John Waller
13. Birthplace Cambridge (City, town, or county) England (State or foreign country)

MOTHER
14. Maiden name Mary ~~Waller~~ Unknown
15. Birthplace Cambridge (City, town, or county) England (State or foreign country)

16. (a) Informant Mrs Bertha M Waller

(b) Address 1718 ½ Calhoun

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan (Month) 24 (Day) 1942 (Year)

(c) Place: burial or cremation Mt Olivet

18. (a) Signature of funeral director Flaman & Sanchez

(b) Address St Joseph Mo

19. (a) 1/26/42 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 22 year 1942 hour 2 30 minute P M.

21. I hereby certify that I attended the deceased from Jan 18, 1942, to Jan 22, 1942; that I last saw him alive on Jan 22, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Cholecystitis c Stones	2 years
Pulmonary Embolism	Immediate death
Due to	
Due to 126	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations 3 Stones in G-B

Of autopsy Pulmonary Embolism

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? (e) Means of injury

23. Signature [illegible] (M. D. or other) ()

Address 825 Charles St Date signed 1-22-42

(Licensed Embalmer's Statement on Reverse Side)

Brunn & Nipper
825 Charles
4-2754

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 Jan 23 1942, Registered Apprentice No. ....., working under my personal supervision.

Signed John H Hurley

Licensed Embalmer No. .....

P. O. Address .....

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.