

FILED FEB 16 1942

MISSOURI STATE BOARD OF HEALTH
 STANDARD CERTIFICATE OF DEATH

State File No. 2682
 Registrar's No. 1

Registration District No. 460

Primary Registration District No. 4273

54
 0
 0

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

1. PLACE OF DEATH:

(a) County Lafayette
 (b) City or town Douglas
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Lafayette
 (c) City or town Douglas, Mo 54
 (If outside city or town limits, write "RURAL")
 (d) Street No. city (If rural, give location)
 (e) Citizen of foreign country? 0 (Yes or No)
 If yes, name country 0

3. (a) PRINT FULL NAME William H Waddell
 (b) If veteran, name war — (c) Social Security No. —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan, day 21, year 1942, hour 10 minute A M.
 21. I hereby certify that I attended the deceased from now 1934 to Jan 31 1942
 that I last saw him live on Jan 18 1942
 and that death occurred on the date and hour stated above

4. Sex male 5. Color or race W 6. (a) Single, widowed, married, divorced married
 (b) Name of husband or wife Lula Kirtley 6. (c) Age of husband or wife if alive 60 years
 7. Birth date of deceased: May 7 - 1879
 (Month) (Day) (Year)

Immediate cause of death myocardial infarction Duration —
 Due to —
 Due to —
 Other conditions osteoporosis
 (Include pregnancy within 3 months of death)

8. AGE: Years 62 Months 8 Days 14 If less than one day — hr. — min.

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

10. Usual occupation farmer

11. Industry or business —

12. Name Wm H. Waddell
 13. Birthplace Lafayette Co. Mo. (City, town, or county) (State or foreign country)
 14. Maiden name Mrs. Barnett
 15. Birthplace Lafayette Co. MO (City, town, or county) (State or foreign country)

16. (a) Informant Walter Waddell
 (b) Address Louisiana, MO

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-23-42 (Month) (Day) (Year)
 (c) Place: burial or cremation Louisiana, MO

18. (a) Signature of funeral director Winkler
 (b) Address Louisiana, MO

19. (a) 2-1-1942 (Date received local registrar) (b) Dr. W. A. Brockstein (Registrator's signature)

PHYSICIAN

Major findings: —
 Of operations —
 Of autopsy —

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 —

23. Signature B. H. Brasher (M. D. Registrar)
 Address Louisiana, MO Date signed 2/3/42

Basler

RECEIVED
District Health Officer No. 8,
District File Number _____
Date Filed 2-13-42

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 *L. A. McKean*
Licensed Embalmer No. 2983
P. O. Address *Levington Md*

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.