S. No. 2
—11-10-39
ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 30 1942

Registration District No. 1242

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4433

State File No. 3283

Registrar's No.

1. PLACE OF DEATH:

(a) County Ralls
(b) City or town Perry, Missouri.
(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
In this community 50 Yrs.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ralls, 89
(c) City or town Perry, Missouri 0 0
(If outside city or town limits, write "RURAL")
(d) Street No. Perry, Missouri.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME David E. Waterston.

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Iva Waterston

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased August 11 1870 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
71	3	27	hr. min.

9. Birthplace Ralls, Co. (City, town, or county) Missouri (0) (State or foreign country)

10. Usual occupation Banker.

11. Industry or business Bank.

MOTHER FATHER

12. Name Wm Waterston. 4
13. Birthplace Forfar (City, town, or county) Scotland. (State or foreign country)
14. Maiden name Sarah M. Crockett. 0
15. Birthplace Ralls, Co. (City, town, or county) Missouri. (State or foreign country)

16. (a) Informant Iva Waterston
(b) Address Perry, Missouri.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-10-41 (Month) (Day) (Year)
(c) Place: burial or cremation Lick Creek Cemetery.

18. (a) Signature of funeral director Clyde E. Wiley
(b) Address Perry, Missouri.

19. (a) 12-10-41 (Date received local registrar) (b) Clyde E. Wiley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 8th, year 1941 hour 2:00 minute A. M.

21. I hereby certify that I attended the deceased from 12-7, 1941, to 12-8, 1941; that I last saw him alive on 12-7- 1941 and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Sudden Heart failure

Due to Influenza

Due to

Other conditions (Include pregnancy within 3 months of death) 33b

Major findings: Of operations

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? (e) Means of injury 0

23. Signature P. E. Suter (M. D. ~~or other~~)
Address Perry Mo. Date signed 12-10 41.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 1-42-97
Date Filed JAN 15 1942

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~~ Clyde C. Wilbey, Registered Apprentice No. _____, working under ~~my~~ personal supervision.

Signed Clyde C. Wilbey

Licensed Embalmer No. 3820

P. O. Address Perry, 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, above space should be left blank.