

FILED FEB 16 1942

Registration District No. 792Primary Registration District No. 44-7-3 6029

Registrar's No. \_\_\_\_\_

## 1. PLACE OF DEATH:

- (a) County Saline  
 (b) City or town Paris, Mo. R. 1 7/20  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Armed Forces Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
 In this community 31 years (years, months or days)

## 3. (a) PRINT FULL NAME

Josephine M. Waterman3. (b) If veteran,  
name war. 3. (c) Social Security  
No. ✓

4. Sex Female 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Robert Waterman  
 6. (c) Age of husband or wife if alive 62 years  
 7. Birth date of deceased July 8 1880  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
61 6 2 hr. min.

9. Birthplace Malvern, Mo. 7700  
(City, town, or county) (State or foreign country)10. Usual occupation Housekeeper

11. Industry or business \_\_\_\_\_

- MOTHER FATHER  
 12. Name William Brew  
 13. Birthplace Germany 4  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Mary Thiesinger  
 15. Birthplace Germany 4  
 (City, town, or county) (State or foreign country)

16. (a) Informant Robert Waterman  
 (b) Address Marshall Mo. R. 1 2  
 17. (a) Burial (b) Date thereof Jan 13-1942  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Armed Forces Hosp  
 18. (a) Signature of funeral director Campbell Paris  
 (b) Address Marshall Mo  
 19. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
 (Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Saline 97  
 (c) City or town Marshall, Mo. R. 1 2  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 10<sup>th</sup>  
 year 1942 hour 9 minute 29 A.M.

21. I hereby certify that I attended the deceased from Dec 29  
1941 to Jan 10 1942  
 that I last saw her alive on Jan 10 1942  
 and that death occurred on the date and hour stated above.

Immediate cause of death Broncho Pneumonia Duration 12 day 0

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Bug bite disease skin  
 (Include pregnancy within 3 months of death)

Major findings:  
Of operations Of autopsy No

## 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?  
 While at work? \_\_\_\_\_ (Specify type of place)  
 (e) Means of injury \_\_\_\_\_

23. Signature P. L. Lawler (M. D. or other) 0  
 Address Marshall Mo Date signed 1-10-42

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, ~~only~~.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed

*John H. Parris*

Licensed Embalmer No. 1171

P. O. Address Marshall 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.

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 3753  
Registrar's No. ....

Registration District No. 792

Primary Registration District No. 1035

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

1. PLACE OF DEATH:

(a) County Saline  
(b) City or town Rural  
(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)

3. (a) PRINT FULL NAME Josephine M. Kateman

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex F 5. Color or race w 6. (a) Single, widowed, married, divorced.....

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

7. Birth date of deceased July 8  
(Month) (Day) (Year)

8. AGE: Years 61 Months 6 Days 2 If less than one day..... min.

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

10. Usual occupation.....

11. Industry or business.....

12. Name.....

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

14. Maiden name.....

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

16. (a) Informant.....

(b) Address.....

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

(c) Place: burial or cremation.....

18. (a) Signature of funeral director.....

(b) Address.....

19. (a) Jan 12 (Date received local registrar) (b) C. L. Lawless (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... (b) County.....  
(c) City or town.....  
(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.....

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month Jan Day.....  
year 1942 Hour..... Minute..... M.

21. I hereby certify that I attended the deceased from.....  
that I first saw him..... alive on....., 19.....  
and that death occurred on the date and hour stated above.  
Immediate cause of death.....

Duration

Due to.....  
Due to.....

Other conditions.....  
(Include pregnancy within 3 months of death)

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)

(b) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?..... (Specify type of place) (c) Means of injury.....

23. Signature..... (M. D. or other).....

Address..... Date signed.....

SUPPLEMENTARY

The first part of the document discusses the importance of maintaining accurate records of all transactions. It emphasizes that every entry should be supported by a valid receipt or invoice. This ensures transparency and allows for easy verification of the data.

In addition, the document highlights the need for regular audits. By conducting periodic reviews, any discrepancies or errors can be identified and corrected promptly. This proactive approach helps in maintaining the integrity of the financial information.

Furthermore, it is noted that clear communication is essential. All parties involved in the process should be kept informed of the current status and any changes that may occur. This fosters a collaborative environment and reduces the risk of misunderstandings.

The document also touches upon the importance of data security. Sensitive information should be stored securely and access should be restricted to authorized personnel only. This is crucial to prevent data breaches and protect the organization's assets.

Finally, the document concludes by stating that consistent adherence to these guidelines will lead to more reliable and accurate financial reporting. This, in turn, supports better decision-making and overall organizational success.

The second part of the document provides a detailed overview of the current financial performance. It includes a summary of key metrics such as revenue, expenses, and profit margins. These figures are presented in a clear and concise manner, allowing for a quick assessment of the organization's financial health.

A significant portion of this section is dedicated to an analysis of the trends observed over the reporting period. It identifies areas where performance has improved and highlights regions that require further attention. This analysis is based on a thorough review of the underlying data and is supported by relevant charts and graphs.

The document also discusses the impact of external factors on the organization's performance. It examines how market conditions, regulatory changes, and other external influences have affected the financial results. This provides context and helps in understanding the broader economic environment.

In addition, the document outlines the strategic initiatives that are being implemented to address the challenges identified in the analysis. These initiatives are designed to optimize operations, reduce costs, and increase revenue. The document provides a clear timeline and assigns responsibilities for each initiative.

Finally, the document concludes with a set of recommendations for future actions. These recommendations are based on the findings of the analysis and the strategic initiatives. They provide a clear roadmap for the organization and serve as a guide for management and other stakeholders.