

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 12246

FILED FEB 21 1942

Registration District No. 849

Primary Registration District No. 6123

Registrar's No. 7

165  
0  
0  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Sullivan  
(b) City or town Rural--Buchanan Twp.  
(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 \_\_\_\_\_ (Specify whether  
In this community Life years, months or days) (Specify whether

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Sullivan  
(c) City or town Rural (If outside city or town limits, write "RURAL")  
(d) Street No. Buchanan Twp. (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Herschell Waid

3. (b) If veteran, name war Civil War 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Lenora Waid 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased March 27 1848  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
94 0 7 hr. min.

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

10. Usual occupation Farmer-retired

11. Industry or business Farm

12. Name Elisha Waid

13. Birthplace Don't know  
(City, town, or county) (State or foreign country)

14. Maiden name Rebecca

15. Birthplace Don't know  
(City, town, or county) (State or foreign country)

16. (a) Informant Anna Guffy  
(b) Address Green City

17. (a) Burial (b) Date thereof April 5, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green City Cem.

18. (a) Signature of funeral director Glenn E. Peniston  
(b) Address Green City, Missouri

19. (a) 4-18-42 (b) Elisha M. Head  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr 3 day 1942  
year \_\_\_\_\_ hour 8 P.M. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from 1938  
to Apr 3 1942  
that I last saw him live on Apr 3 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis and a severe Cold and Decubitis  
Due to Bed ridden for over a year

Other conditions 97  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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) \_\_\_\_\_  
(a) Means of injury \_\_\_\_\_  
23. Signature W. Huntington MD (M. D. or other) \_\_\_\_\_  
Address Green City Mo Date signed \_\_\_\_\_

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

APR 22 1942

RECEIVED

District Health Officer No. 10

District File Number 4-20-862

Date Filed APR 20 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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed Archie W. Wade

Licensed Embalmer No. 3037

P. O. Address Green City, 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.