

FILED JUL 8 1942

State File No.

Registration District No. 461

Primary Registration District No. 3024

Registrar's No. 32

1. PLACE OF DEATH:

(a) County
 (b) City or town
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 3
 (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: Unknown White male

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

4. Sex: ma 5. Color or race: W 6. (a) Single, widowed, married, divorced: 9

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

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

8. AGE: Years Months Days If less than one day
abt 40 hr. 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) Burial (b) Date thereof: June 8-1942
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Luxington, Mo

18. (a) Signature of funeral director: W. Smith
 (b) Address: Luxington, Mo

19. (a) 6-6-42 (b) Mrs. Thed Schwal
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5
 year 1942 hour 2:30 pm minute M.

21. I hereby certify that I attended the deceased from Called in
and acted as coroner 19.....
 that I last saw h..... alive on..... 19.....
 and that death occurred on the date and hour stated above.

Immediate cause of death: Coroner verdict
Death from causes
Unknown

Due to: F. and float in Missouri
River at Waverly Mo.

Due to: Apparently died several
months. No identification
to date.

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

Major findings: Inquest 6-6-42 Waverly Mo

Of operations.

Of autopsy: 200a

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) Unknown

(b) Date of occurrence Unknown

(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? 2

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

23. Signature: W. Martin and Coroner (M.D. or other)
 Address: Ocala Mo Date signed: 6/6/42

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

Form 1-1-1940
resc 1-1-40

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 7-7-42

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 _____

working under my personal supervision. _____, Registered Apprentice No. _____

Not Embalmed

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply 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. 21604
Registrar's No. 32

Registration District No. 461

Primary Registration District No. 3094

1. PLACE OF DEATH:

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

3. (a) PRINT FULL NAME unk. white male

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

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

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

7. Birth date of deceased unknown (Month) (Day) (Year)

8. AGE: Years abt 40 Months _____ Days _____ If less than one day _____ min.

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

10. Usual occupation unknown

11. Industry or business unknown

12. Name unknown

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

14. Maiden name unknown

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

16. (a) Informant Winkler Funeral Home

(b) Address Lexington Mo.

17. (a) Burial (b) Date thereof June 8 - 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Lexington Mo.

18. (a) Signature of funeral director _____ (b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lazajette
(c) City or town Waverly (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? unk (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June year 1942 hour 2:00 minute 30 P M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____

that I last saw him _____ alive on _____ 19____ and that death occurred on the date and hour stated above.

Immediate cause of death Coroner Verdict Duration _____

Relieved from causes unk

found floating in Mo. River

Due to at Waverly Mo. apparently

dead several months

Due to no indications to date

Inquest 6-6-42

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

Major findings: Of operations N.M.O

Of autopsy 2000

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) unk

(b) Date of occurrence unk

(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 _____ (M. D. or other) _____

Address _____ Date signed Coroner

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

SUPPLEMENTARY

W. E. MARTIN, M. D.

ODESSA, MO.

Dr Stewart
Jefferson City Mo

5-21604

Dear Dr Stewart: The Unknown white
man removed from river at Waverly Mo
has not been identified.

He was buried by Winkler Funeral
Home Lexington Mo.

We have not obtained any more
information on this case
The body was recovered June 5-1942. It
had been in the water several months.
Yours sincerely
W E Martin