FILED JUL 13 1942

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

22537

Do not use this space.

1. PLACE OF DEATH

(a) County Wayne — Registration District No. 890

(b) Township — Primary Registration District No. 6195 — Registered No.

(c) City or Town Coldwater — (d) Street No. / St.

(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME James T. Waters

(a) Residence, No. 412 Garden Street, Hot Springs Ark. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: Negro

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR WIFE OF): Thelma Waters

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Don't know

7. AGE: About 33 — YEARS | MONTHS | DAYS | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Minister

9. Industry or business in which work was done, as saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Watertown, Tenn.

FATHER

13. NAME: Branford Waters

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn.

MOTHER

15. MAIDEN NAME: Lugenia Edding

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn.

17. INFORMANT (ADDRESS): William Brown, St. Louis, Mo

18. BURIAL, CREMATION, OR REMOVAL — PLACE: St. Louis — DATE: June 23, 1942

19. FUNERAL DIRECTOR (NAME) (ADDRESS): William Coder, Piedmont, Missouri

20. FILED 6-22, 1942 — Guy Bennett, *Local Registrar.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 21, 1942

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ....m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental death due to Automobile Crash	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident — Date of injury June 21

Where did injury occur? Coldwater, Missouri (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. On Highw ay Number 67

Manner of injury Concussions

Nature of injury Broken Bones

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) T. C. Giles Coroner, M. D.

(Address) Piedmont, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK—THIS ... PHYSICIANS should state OCCUPATION is very important.

N. B.—Every item of information should be carefully supplied. AGE should be stated h... CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of

1 X16609

RECEIVED
District Health Officer No. 4
District File Number 742-86
Date Filed 7-10-42

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 Cooler Funeral Home, Registered Apprentice No. ..... working under my personal supervision.

Signed: William Cooler

Licensed Embalmer No. 3723

P. O. Address Piedmont, 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.

. S. No. 2B
0M—8-21-41
I X29288

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22537

Registration District No. 890 Primary Registration District No. 6195 Registrar's No.

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

1. PLACE OF DEATH:

(a) County: Wayne

(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 years, months or days)
In this community

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

3. (a) PRINT FULL NAME: James T. Waters

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex: M

5. Color or race: M

6. (a) Single, widowed, married, divorced: M

6. (b) Name of husband or wife: Thelma

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

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

8. AGE: Years: about 33 Months Days If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER

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, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

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

MEDICAL CERTIFICATION

SUPPLEMENTARY

20. DATE OF DEATH: Month June 21 year 42 hour 6 minute 1 A. 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: Accidental death due to automobile crash

Due to: These persons were coming through Cedar Water and at the time of the accident were passing through

Due to:

Other conditions (Include pregnancy within 3 months of death): Internal Injuries

Major findings: Of operation: Bridge Missing thru

Of autopsy: The injury Verdict was as above stated

Duration

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 June 21 — 1942

(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

23. Signature (M. D. or other)

Address Date signed

S-22537