

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED 10 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

29994

State File No. _____

Registration District No. 47

Primary Registration District No. 3008

Registrar's No. 309

14
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2

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

1. PLACE OF DEATH: Callaway
 (a) County _____
 (b) City or town Fulton
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: State Hospital No 12
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community 3y 3m 8d (Specify whether years, months or days)

3. (a) PRINT FULL NAME John J. Waterston
 3. (b) If veteran, name war OK 3. (c) Social Security No. none

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Apr 13 1872
 (Month) (Day) (Year)

8. AGE: Years 70 Months 0 Days 18 If less than one day hr. _____ min. _____

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

10. Usual occupation Hotel Clerk

11. Industry or business _____

12. Name William Waterston
 13. Birthplace Scotland
 (City, town, or county) (State or foreign country)

14. Maiden name Margaret Crockett
 15. Birthplace Rolls Co Mo
 (City, town, or county) (State or foreign country)

16. (a) Informant Record
 (b) Address Fulton, Mo.

17. (a) Removal (b) Date thereof Sept 25 42
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Ferry, Mo.

18. (a) Signature of funeral director Clyde C. Wilkey
 (b) Address Ferry, Mo.

19. (a) 9-27-42 (b) John J. Waterston
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Marion
 (c) City or town Hambel
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sep day 23 year 1942 hour 9-26 minute P M.

21. I hereby certify that I attended the deceased from 9/20 1942 to 9/23 1942
 and that death occurred on the date and hour stated above. 9/23 1942
 that I last saw him alive on _____

Immediate cause of death Bleed Brain and pneumonia Duration 4 days
 Due to Cardiomegaly Sphyndes 3y 4
 Due to _____

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

Major findings: 309
 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? _____

While at work? _____ (Specify type of place) (f) Means of injury _____
 23. Signature George H. News (M. D. or other) M.D.
 Address Fulton Mo Date signed 9/24/42

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~~

Clyde C Wilkey

Registered Apprentice No.

working under my personal supervision.

Signed

Clyde C Wilkey

Licensed Embalmer No.

3820

P. O. Address

Ferry

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.