

S. No. 2  
—11-10-39  
v. 5-17-39  
I X21492

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

34050

State File No. \_\_\_\_\_

Filed NOV 10 1942

Registration District No. 135

Primary Registration District No. 4243

Registrar's No. 12

1. PLACE OF DEATH:

(a) County Jasper  
(b) City or town Neok, Neok P.T.  
(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 38 yrs.  
In this community years, months or days (Specify whether)

3. (a) PRINT FULL NAME William R. Waggoner

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

4. Sex Male 5. Color of race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife May Waggoner 6. (c) Age of husband or wife if alive 52 years  
7. Birth date of deceased Dec 3 1882  
(Month) (Day) (Year)

8. AGE: Years 59 Months 10 Days 0 If less than one day hr. min.

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

10. Usual occupation Block Buyer

11. Industry or business

12. Name Benjamin Waggoner  
13. Birthplace Unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Louisa Fuller  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Waggoner  
(b) Address Neok, Neok P.T.  
17. (a) Burial (b) Date thereof Oct 7 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Meador Cem.

18. (a) Signature of funeral director Matt C. ...  
(b) Address Neok, Neok P.T.  
19. (a) Oct 5, 1942 (b) M. J. ...  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper  
(c) City or town Neok P.T.  
(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 Oct day 3  
year 1942 hour 10:15 minute 0 M.

21. I hereby certify that I attended the deceased from 19 to 19  
that I last saw him live on and that death occurred on the date and hour stated above.

Immediate cause of death Sudden  
Coronary Occlusion  
Due to \_\_\_\_\_

Due to \_\_\_\_\_  
Other conditions Pulmonary tuberculosis  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy 138'

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) (a) Means of injury Ground  
23. Signature M. J. ... (M. D. or other)  
Address Carthage Mo Date signed Oct 4, 1942

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

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

P

1974

**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 A. K. Mills

Licensed Embalmer No. 347

P. O. Address Walt 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, above space should be left blank.