

Registration District No. 254

Primary Registration District No. 4386

Registrar's No.

1. PLACE OF DEATH:

(a) County Oregon
(b) City or town Thayer
(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 4 years
In this community 4 years
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Shedlock Couldy Waggoner

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Jennie L. Ketchuson 6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased Feb. 22 1861
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 5 20 hr. min.

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

10. Usual occupation Retired Farmer

11. Industry or business

MOTHER FATHER { 12. Name Jacob Waggoner
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Fermelia Wilson
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. S. G. Waggoner
(b) Address Thayer, Mo.

17. (a) Burial (b) Date thereof 9/14/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Riverside Cem.

18. (a) Signature of funeral director Thayer, Mo.
(b) Address 10-6-42

19. (a) 10-6-42 (b) Joe Williams
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 12
year 1942 hour 8 minute P. M.

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

that I last saw h..... alive on....., 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death hemia

Due to Chronic Nephritis

Due to Senility

Other conditions 131L
(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?

While at work?..... (Specify type of place)
(e) Means of injury NO

23. Signature Thayer (M. D. or other) NO
Address Thayer, Mo. Date signed 9-27-42

Duration

2 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

75
1
0

75
1
0

1112

Conyer

RECEIVED
District Health Officer No. 5,
District File Number 1142973
Date Filed 11-9-42

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

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.