

FILED JAN -5 1943

Registration District No. 369

Primary Registration District No. 4538

State File No.

Registrar's No. 22

1. PLACE OF DEATH:

(a) County WAYNE
(b) City or town Piedmont
(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.
In this community ~~67-3-15~~ 67-3-15 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME MARTHA CASSNER WAITES

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

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife WILLIAM WAITES 6. (c) Age of husband or wife if alive. years 25 1918 (Day) (Year)
7. Birth date of deceased JULY (Month)

8. AGE: Years 67 Months 3 Days 15 If less than one day hr. min.

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

10. Usual occupation HOUSE WIFE

11. Industry or business ---

MOTHER FATHER { 12. Name STEPHEN MC ANHISTIE 9
13. Birthplace --- (City, town, or county) (State or foreign country) 9
14. Maiden name MARGARET BRHAM 9
15. Birthplace --- (City, town, or county) (State or foreign country) 9

16. (a) Informant WILLIAM WAITES

(b) Address PIEDMONT

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof NOV 12 1942 (Month) (Day) (Year)

(c) Place: burial or cremation MASONRY

18. (a) Signature of funeral director New York

(b) Address Piedmont Mo

19. (a) Dec. 30-1942 (Date received local registrar) (b) Mrs. Lottie Manns (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 10 year 1942 hour 2:00 minute P M.

21. I hereby certify that I attended the deceased from 11-10 1942 to 11-10 1942 that I last saw h. alive on. 19. and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Duration 2 weeks

Due to.

Due to.

Other conditions (Include pregnancy within 3 months of death) 13 1/2

Major findings: 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?
(Specify type of place) While at work? (Specify type of place) (e) Means of injury
23. Signature J. H. Piles (M. D. or other) D
Address Piedmont, Mo. Date signed 12-27-42

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

REIVED

District Health Officer No. _____
District File Number 1-43-1502
Date Filed 1-4-13

1961
JAN 13

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

Signed Roman W. Gish
Licensed Embalmer No. 3287
P. O. Address Edmont 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, fact should be so stated above.