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-17-39  
X21492

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

10628

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

FILED APR 14 1948

Registration District No. 163

Primary Registration District No. 5596

Registrar's No. 19

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

**1. PLACE OF DEATH:**

(a) County Jefferson

(b) City or town Nebo (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Star R-N. 1 (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) 10 years

In this community \_\_\_\_\_ (Specify whether years, months or days)

**8. (a) PRINT FULL NAME:** JOHN HENRY WALDICK

8. (b) If veteran, name war: 1 8. (c) Social Security No. NO

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs Mary C. Waldick 6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased Aug 15 1872 (Month) (Day) (Year)

**8. AGE:** Years 70 Months 6 Days 21 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace: Port Hope Canada (City, town, or county) (State or foreign country)

10. Usual occupation: Craftsman

11. Industry or business: retired

**MOTHER FATHER**

12. Name Fredrick Waldick

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

14. Maiden name Egidia (City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs Mary C. Waldick

(b) Address Nebo Mo.

17. (a) Burial (b) Date thereof 3-16-1948 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cedar cemetery De Soto

18. (a) Signature of funeral director Daniel J. Mahan

(b) Address Nebo Mo.

19. (a) 3-10-43 (b) Fern Spencer (Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Jefferson

(c) City or town Nebo (If outside city or town limits, write "RURAL")

(d) Street No. Star Route (W) (If rural, give location)

(e) If foreign born, how long in U. S. A.? 50 years

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month 3 day 8 year 1948 hour 9 minute 23 AM

21. I hereby certify that I attended the deceased from 3/4 1948 to 3-8 1948 that I last saw him alive on 3-4 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 1 hr

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 83a!

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? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) \_\_\_\_\_

Address Nebo Mo Date signed 3/19/48

MAR 28 1958

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

*Daniel J. Mahan*

Licensed Embalmer No.

*3783*

P. O. Address

*Wetstone, 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.