

15744
State File No. 34
Registrar's No. 24

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LED MAY 10 1943 60
Registration District No. 3076

Primary Registration District No. 3076

Registrar's No. 24

1. PLACE OF DEATH:

(a) County Jeremi

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

(c) Name of hospital or institution:
1230 West Lee Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 40 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jeremi

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

(d) Street No. 1230 West Lee Street
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Henry Albert Waller

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

4. Sex M 5. Color of race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lulu Hallen 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased January 9, 1865
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 6 year 1943 hour 1 minute 30 P. M.

21. I hereby certify that I attended the deceased from Amursh 10:45 1943, to Apr. 6th 1943 that I last saw him live on about May 17, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes mellitus and heart exhaustion Duration _____

8. AGE: Years Months Days If less than one day

78 2 28 hr. _____ min.

Due to Rheumatic arthritis

Due to _____

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

10. Usual occupation Gardener

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

11. Industry or business _____

MOTHER FATHER { 12. Name Walter Moore 9

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

14. Maiden name _____

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

PHYSICIAN _____

Major findings: Of operations 92c

Of autopsy _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Marion Moore

(b) Address 1200 E. Barst St Neovada Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 8 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Neovada Cemetery

18. (a) Signature of funeral director Henry Funeral Home

(b) Address Neovada, Mo.

19. (a) 4-16-43 (Date received local registrar) (b) Hazel B. Bewick (Registrar's signature)

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 _____

23. Signature H. W. Jancostis (M. D. or other) Date signed April 14-1943

Address Neovada Mo

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

1331

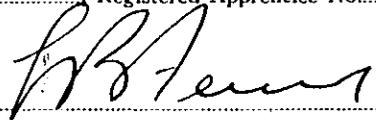
RECEIVED
District Health Officer No. 7,
District File Number 4-43-197
Date Filed 5-7-43

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.....

.....
working under my personal supervision.

Registered Apprentice No.....

Signed.....


Licensed Embalmer No. 1760

P. O. Address Nevada 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.