U. S. No. 0M—5-42
5-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

21673

State File No.

FILED JUL 12 1943

Registration District No. 126 — Primary Registration District No. 2001 — Registrar's No. 534

1. PLACE OF DEATH:

(a) County: Jasper

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

(c) Name of hospital or institution: In ambulance on way to Hospital (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) In this community: Always

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: Newton

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

(d) Street No.: RFD #2 (If rural, give location)

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

3. (a) PRINT FULL NAME: Lewis Herman Waddle

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

4. Sex: M 5. Color or race: W 6. (a) Single, widowed, married, divorced: S

6. (b) Name of husband or wife: ____ 6. (c) Age of husband or wife if alive: ____ years

7. Birth date of deceased: March (Month) 9 (Day) 1928 (Year)

8. AGE: Years 15 Months 3 Days 14 If less than one day ____ hr. ____ min.

9. Birthplace: Spring City (City, town, or county) Mo. (State or foreign country)

10. Usual occupation: Student

11. Industry or business: ____

MOTHER FATHER

12. Name: Earl Waddle

13. Birthplace: ____ (City, town, or county) Mo. (State or foreign country)

14. Maiden name: Nede Pearson

15. Birthplace: ____ (City, town, or county) Mo. (State or foreign country)

16. (a) Informant: Earl Waddle

(b) Address: Joplin, R. R. # 2.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6/25/43 (Month) (Day) (Year)

(c) Place: burial or cremation: Osborn Memorial

18. (a) Signature of funeral director: Parker-Hunsaker

(b) Address: Joplin, Missouri

19. (a) 6-25-43 (Date received local registrar) (b) Gertrude Sudworth (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23 year 1943 hour 9:30 minute P. M.

21. I hereby certify that I attended the deceased from ____, 19__, to ____, 19__; that I last saw Deceased alive on ____ and that death occurred on the date and hour stated above.

Immediate cause of death: Basal fracture of Skull

Due to: Fall from automobile

Due to: ____

Other conditions (Include pregnancy within 3 months of death): ____

Major findings: Of operations: NOC-8 21 Of autopsy: ____

Duration

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): Accident

(b) Date of occurrence: June 23 43 073

(c) Where did injury occur? Spring City (City or town) Newton (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Highway (Specify type of place)

While at work? Play (e) Means of injury: Auto

23. Signature: R. N. Webster Jr. Coroner (M. D. or other)

Address: Carthage Mo. Date signed June 24 43

1204

(Licensed Embalmer's Statement on Reverse Side)

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

43-6-844

AUG 26 1943

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.