

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No. 206

FILED AUG 11 1943

Registration District No.

Primary Registration District No. 3000

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

300

1. PLACE OF DEATH:

(a) County Adair

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

(c) Name of hospital or institution:
315 N. Main /
(If not in hospital or institution, write street number or location)

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

In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair

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

(d) Street No. 315 N. Main
(If rural, give location)

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

3. (a) PRINT FULL NAME Lillian Waddill

3. (b) If veteran, name war _____

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13
year 1943 hour 5:00 minute A: M.

4. Sex Female / 5. Color or race White

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

6. (b) Name of husband or wife Ora T. Waddill

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 4 1872
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 22 1943, to July 13 1943;
that I last saw her alive on July 12 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Duration _____

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

71 0 9 _____ hr. _____ min.

Due to _____

Due to _____

Other conditions: J3a
(Include pregnancy within 3 months of death)

9. Birthplace Adair Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name James A. Crow

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

14. Maiden name Margaret Goddard

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

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Travis Waddill

(b) Address Kirkville, Mo.

17. (a) Burial Bethel Cemetery
(Burial, cremation, or removal) (b) Date thereof 7/15/43
(Month) (Day) (Year)

(c) Place: burial or cremation Bethel Cemetery

18. (a) Signature of funeral director [Signature]

(b) Address Kirkville, Mo.

19. (a) 7/27/43 (b) [Signature]
(Date received local registrar) (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 [Signature] (M. D. or other) [Signature]

Address 711 E. [Street] Date signed 7-19-43
Kirkville

1047

RECEIVED

District Health Officer No. 10

District File Number 8-43-1284

Date Filed AUG 10 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 *J. E. Riley*

Licensed Embalmer No. 4181

P. O. Address Huntsville 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.