

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24760

FILED AUG 3 1943

Registration District No. 7

Primary Registration District No. 3016

Registrar's No. 143

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

1. PLACE OF DEATH:

(a) County Cole

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

(c) Name of hospital or institution: Clark & McCarty (on sidewalk)
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 19 days (Specify whether years, months or days)

3. (a) PRINT FULL NAME Lelia Waller

3. (b) If veteran, name war: No.

3. (c) Social Security No.

4. Sex F 5. Color or race 3 Negro

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

6. (b) Name of husband or wife

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

7. Birth date of deceased October 31 1892
(Month) (Day) (Year)

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

50 9 7 hr. min.

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

10. Usual occupation Housework

11. Industry or business At home

12. Name Charles Jenkins

13. Birthplace Callaway County Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Serenia Carter

15. Birthplace Cole County Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Sucendia English

(b) Address 1008-E-Miller

17. (a) Burial, cremation, or removal Burial

(b) Date thereof July 9, 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Kansas City, Mo.

18. (a) Signature of funeral director Jennie Brown

(b) Address 700 Jefferson

19. (a) 7-9-43 J. W. Thomas Richter
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 201
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8th
year 1943 hour 8:15 minute 35 P. M.

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

Immediate cause of death Heart Flaccid Duration _____

Due to Heart Flaccid

Due to Heart Flaccid

Other conditions (Include pregnancy within 3 months of death) Good

Major findings: Of operations X

Of autopsy X

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

22. If death was due to external causes, fill in the following: V

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence July 8th 1943

(c) Where did injury occur? On City Bus
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In a City Bus in Public Place
While at work? (Specify type of place) (e) Manner of injury

23. Signature Foster S. Whately Acting Coroner (M. D. or other)
Address City Hall Date signed 7/9/43

DEC 3 1949

DEC 6 1949

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 *L. H. Anderson*

Licensed Embalmer No. *3641*

P. O. Address *Juno.*

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.

Registration District No. 17

Primary Registration District No. 3016

Registrar's No. 143

1. PLACE OF DEATH:

(a) County Cole
(b) City or town Jefferson city
(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 (Specify whether years, months or days)

3. (a) PRINT FULL NAME Lelia Waller
3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex F 5. Color or race B 6. (a) Single, widowed, married, divorced w
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years
7. Birth date of deceased Oct 31 1893
(Month) (Day) (Year)

8. AGE: Years 50 Months 9 Days (Unless than one day) min.

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

10. Usual occupation

11. Industry or business

12. Name

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

14. Maiden name

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18 year 1943 hour minute M.

21. I hereby certify that I attended the deceased from 19 ;
that I first saw him alive on 19 ;
and that death occurred on the date and hour stated above.
Immediate cause of death Heart Failure Duration

Due to

Due to Heart Failure

Other conditions None
(Include pregnancy within 3 months of death)

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) accident

(b) Date of occurrence 7-8-43

(c) Where did injury occur? on City Bus
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Place

While at work? (Specify type of place) (e) Means of injury Heart Stopped

23. Signature J.S. Whately (M. D. or other) Coroner

Address City Hall Date signed 8-4-43

SUPPLEMENTARY

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

MOTHER FATHER

DEC 3 1969

S-24760