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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25012

578

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 578

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1642 E. Thoman
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 1642 E. Thoman
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Edith Peoria Wait

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Ralph Wait 6. (c) Age of husband or wife if alive Unk. years

7. Birth date of deceased Oct. 19, 1862
(Month) (Day) (Year)

8. AGE: Years 80 Months 8 Days 25 If less than one day _____ hr. _____ min.

9. Birthplace South Rochester Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

MOTHER FATHER {
11. Industry or business _____
12. Name John Felix Neel
13. Birthplace Unk. Penn.
(City, town, or county) (State or foreign country)
14. Maiden name Unk.
15. Birthplace Unk. Unk.
(City, town, or county) (State or foreign country)

16. (a) Informant Walter Wait
(b) Address 2260 N. Ramsey
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof July 15, 1943
(Month) (Day) (Year)
(c) Place: burial or cremation Republic, Mo.

18. (a) Signature of funeral director R. E. Thurman & Co.
(b) Address Republic, Mo.

19. (a) 7-14-43 (b) W. G. Standley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9-17 day 17
year 1943 hour 6:00 minute _____ a. M.

21. I hereby certify that I attended the deceased from 7-9-43 19____ to 7-17-43 19____;
that I last saw h.c. alive on 7-9-43 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy (Right Hemisphere) Duration 5 days

Due to Degenerative Heart Disease ?

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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 W. G. Standley (M. D. or other) _____
Address Springfield, Mo. Date signed 7-14-43

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

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.....

R. E. Thurman

Licensed Embalmer No.....

503

P. O. Address.....

Republic Ma

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.