

FILED SEP 9 1943

Registration District No. **160**

Primary Registration District No. **3090**

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

1. PLACE OF DEATH:

(a) County **Jefferson**

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

(c) Name of hospital or institution: **1**
(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** (Specify whether)

years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Jefferson**

(c) City or town **Festus**
(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 _____

3. (a) PRINT FULL NAME **Mildred I. Waggener**

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

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 **Wm. Horace Waggener**

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

7. Birth date of deceased **Nov. 12, 1865**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	77	9	16	_____ hr. _____ min.

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

10. Usual occupation **Housewife**

11. Industry or business _____

MOTHER FATHER

12. Name **Thomas L. Donnell**

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

14. Maiden name **Harriot Byrd**

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

16. (a) Informant **Miss Ino Bural**

(b) Address **Ellington, Mo.**

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

(b) Date thereof **8/30/43**
(Month) (Day) (Year)

(c) Place: burial or cremation **Festus Methodist**

18. (a) Signature of funeral director **H. W. ...**

(b) Address **Festus, Mo.**

19. (a) **August 30, 1943** (Date received local registrar)

H. L. C. Weiser (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **27**
year **1943** hour **11:** minute **00 P.** M.

21. I hereby certify that I attended the deceased from **July 17, 1943** to **August 27, 1943**
that I last saw him alive on **Aug 27, 1943**
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Myocarditis with multiple thrombotic Coronary Hypertrophy**

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) **938**

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 **H. Summerford, M.D.** (M. D. or other)

Address **Cyoto, City Mo** Date signed **Aug 29/43**

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

SEP 15 1958

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.....

H. H. Myard
.....
Licensed Embalmer No. *3010*

P. O. Address *Festus 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.