S. No. 2
OM—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 24 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 31281

Registration District No. 42 — Primary Registration District No. 1000 — Registrar's No. 1027

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Joseph's Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 weeks (Specify whether
In this community 6 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town ~~Stxxxtex~~ Halls (If outside city or town limits, write "RURAL")
(d) Street No. R.F.D. #1 (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country /

3. (a) PRINT FULL NAME Jessie Waggener
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 Married
6. (b) Name of husband or wife Herbert
6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased September (Month) 11, (Day) 1897 (Year)

8. AGE: Years 46 Months 0 Days 3 If less than one day hr. min.

9. Birthplace Jackson County, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business Home
FATHER
12. Name Unknown
13. Birthplace " (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name
15. Birthplace " (City, town, or county) (State or foreign country)
16. (a) Informant Herbert Waggener (Husband)
(b) Address R.F.D. # 1, Halls, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/16/43 (Month) (Day) (Year)
(c) Place: burial or cremation Freeman, Missouri
18. (a) Signature of funeral director John E. Rupp
(b) Address 6054 Pryor Ave., St. Joseph, Mo.
19. (a) 9/16/43 (Date received local registrar) (b) Rose Herzog (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 14 year 1943 hour 7 minute 00 A. M.
21. I hereby certify that I attended the deceased from Sept 9, 1943, to Sept 14, 1943 that I last saw her alive on Sept 13, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Obstructive Jaundice 3 wks
Gall Stone
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy Above Diag.

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)
(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? (Specify type of place)
While at work? (e) Means of injury
23. Signature [signature] (M. D. or other)
Address 734 Jeff Ave St. Joseph, Mo. Date signed 9-15/43

(Licensed Embalmer's Statement on Reverse Side)

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 John E. Rupp

Licensed Embalmer No. 9486

P. O. Address St. Joseph, 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.