6. No. 2
M—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 DEC 3 1943

Registration District No. 199

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 37560

Registrar's No. 4868

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town K.C. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1309 Michigan (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) In this community About 30 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Jackson 48 3
(c) City or town K.C. (If outside city or town limits, write "RURAL") 0
(d) Street No. 1309 Michigan (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Edward Waters

3. (b) If veteran, name war —

3. (c) Social Security No. 708-12-0068

4. Sex M

5. Color or race Col

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

6. (b) Name of husband or wife Marie Ellen Waters

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased Apr. (Month) 2 (Day) 1883 (Year)

8. AGE: Years 60 Months 7 Days 11 If less than one day ___ hr. ___ min.

9. Birthplace St. Louis Co. (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Dining Car Dept.

11. Industry or business Burlington R.R.

FATHER
12. Name Tom Waters
13. Birthplace (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name Fannie —
15. Birthplace (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Marie Waters
(b) Address 1309 Michigan

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-17-1943 (Month) (Day) (Year)
(c) Place: burial or cremation Highland

18. (a) Signature of funeral director Adkins Bros.
(b) Address 2000 E. 12th K.C. Mo.

19. (a) 11-17-43 (Date received local registrar) (b) T. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 13 year 1943 hour 5 minute 15 A.M.

21. I hereby certify that I attended the deceased from Aug. 17 1943 to Nov. 13 1943 that I last saw him alive on Nov. 13, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Prostate

Due to

Due to 516

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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 Laurence Allen (M. D. or other)
Address 10 10 Wyandotte Bldg KC Mo Date signed 11/16/43

(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 A. F. Moore

Licensed Embalmer No. 648

P. O. Address Kansas City 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.