

Registration District No. **118**

Primary Registration District No. **+158**

Registrar's No. **73**

1. PLACE OF DEATH:
(a) County Gasconade
(b) City or town Owensville
(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 years, months or days)
In this community 8 yrs.

3. (a) PRINT FULL NAME John Jackson Waters
3. (b) If veteran, name war No **3. (c) Social Security No.** none

4. Sex Male **5. Color or race** White **6. (a) Single, widowed, married, divorced** Divorced
6. (b) Name of husband or wife Frances Waters **6. (c) Age of husband or wife if alive** _____ years
7. Birth date of deceased May 6 1870
(Month) (Day) (Year)

8. AGE: Years 73 Months 8 Days 5 If less than one day _____ hr. _____ min.

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

10. Usual occupation Flour miller (Retired)

11. Industry or business Flour mill

MOTHER FATHER
12. Name John Waters
13. Birthplace Unknown Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Unknown Cooper
15. Birthplace Unknown Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Virgil Waters

(b) Address Owensville, Mo

17. (a) Burial (b) Date thereof 1-13-44
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Jagomeyer - Murray

(b) Address Owensville, Mo

19. (a) Jan 13, 1944 (b) Myrtle M. Wendel
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Gasconade **37**
(c) City or town Owensville **9**
(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 _____ **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 11 year 1944 hour 6 minute 00 P.M.

21. I hereby certify that I attended the deceased from Oct 14 - 1944 to 1 - 11 - 1944
that I last saw him alive on 1 - 9 - 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia Pisanis **Duration** _____

Due to _____

Due to _____

Other conditions Hardening of Arteries
(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) _____

(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) (c) Means of injury ?

23. Signature Edna Melliss (M. D. or other) _____

Address Owensville Mo Date signed 1-13-44

1281

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 Me

.....; Registered Apprentice No.
working under my personal supervision.

Signed Robert M. Murray

Licensed Embalmer No. 3749

P. O. Address Owensville, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 118

Primary Registration District No. 4188

Registrar's No. 73

1. PLACE OF DEATH:

(a) County Garcasade
(b) City or town Quincyville
(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 _____)
In this community _____ (Specify whether _____)
years, months or days

3. (a) PRINT FULL NAME John J. Waters

3. (b) If veteran name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced 2

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ year

7. Birth date of deceased May 6 1906
(Month) (Day) (Year)

8. AGE: Years 73 Months 8 Days _____ If less than one day _____ min.

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

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) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (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 Jan year 1944 hour _____ minute _____ 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 Uremia Poise

chronic nephritis

Due to _____

Due to _____

Other conditions _____ (Include pregnancy within 3 months of death) 131

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 _____ (M. D. or other) _____

Address _____ Date signed _____

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

MOTHER FATHER

SUPPLEMENTAL

FEB 11 1944

1931

2795