

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4039

State File No.

Registration District No.

Primary Registration District No. 6000

Registrar's No.

1. PLACE OF DEATH:

(a) County RAHLS
(b) City or town RURAL - JASPER TWP.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 6 M.I.N.W. of Vandalia
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 16 YEARS
(Specify whether years, months or days)
In this community 16 YEARS

3. (a) PRINT FULL NAME ELLA CLIDE WATERS.

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife EDWIN K. WATERS. 6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased MARCH 13 1889
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
54 10 13 hr. min.

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

10. Usual occupation HOUSEWIFE

11. Industry or business

12. Name GEORGE HENRY HUNTSMAN
13. Birthplace PIKE Co. Mo.
(City, town, or county) (State or foreign country)
14. Maiden name MARGARET MORRIS.
15. Birthplace PIKE Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant E. S. Waters
(b) Address Vandalia Missouri

17. (a) BURIAL (b) Date thereof JAN 28 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Vandalia Cemetery

18. (a) Signature of funeral director W. S. Waters

(b) Address Vandalia, Mo.

19. (a) JAN 27 1944 (b) Mrs. Carl Perkins
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County RAHLS
(c) City or town RURAL - JASPER TWP.
(If outside city or town limits, write "RURAL")
(d) Street No. 6 M.I.N.W. of Vandalia
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 26
year 1944 hour 3:30 minute A M.

21. I hereby certify that I attended the deceased from Nov 13 to JAN 26, 1944
that I last saw h. E. Y. alive on JAN 26, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocarditis
Due to Carcinoma of Jejunum
Due to 5 Mo.

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

1 day

5 Mo.

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) 462
(b) Date of occurrence Jan 26 1944
(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 2

23. Signature R. L. Marshall (M. D. or other) D. O.
Address Vandalia Date signed Jan 27

FEB 24 1944

RECEIVED

District Health Officer No. 10

District File Number 2-44-320

Date Filed FEB 8 1944

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.....

Licensed Embalmer No. 4295

P. O. Address Vandalia 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.