S. No. 2
OM—2-43
v. 5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 12 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

18911

State File No.

Registration District No. 2/8

Primary Registration District No. 3054

Registrar's No.

82
2
1

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

1. PLACE OF DEATH:

(a) County Pike

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

(c) Name of hospital or institution: Home (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 7 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pike 82 9

(c) City or town Louisiana (If outside city or town limits, write "RURAL")

(d) Street No. 1115 Iowa (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country ✓ 0

3. (a) PRINT FULL NAME James A Waugh

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Lois J Todd

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased April (Month) 15 (Day) 1868 (Year)

8. AGE: Years 76 Months 1 Days 14 If less than one day hr. min.

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

10. Usual occupation Retired

11. Industry or business Mail Carrier ~~Farmer~~ Rural

FATHER
12. Name James Henry Waugh
13. Birthplace Bedford Co (City, town, or county) Va (State or foreign country)

MOTHER
14. Maiden name Margaret Ann Roberts
15. Birthplace (City, town, or county) Ky (State or foreign country)

16. (a) Informant Lloyd Waugh

(b) Address Louisiana Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/30/44 (Month) (Day) (Year)

(c) Place: burial or cremation Riverview Cemetery

18. (a) Signature of funeral director T C Haley Jr

(b) Address Louisiana Mo

19. (a) 5-29-44 (Date received local registrar) (b) T C Haley Jr (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29 year 1944 hour 4 minute 10 A M.

21. I hereby certify that I attended the deceased from 1944 to May 28 1944 that I last saw him alive on 5-28-44 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Heart Block

Due to Chronic Myocarditis

Due to

Other conditions (Include pregnancy within 3 months of death) 93d

Major findings: Of operations None

Of autopsy None

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 None

(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 Louisiana Mo Date signed 5/29-44

(Licensed Embalmer's Statement on Reverse Side)

JUL 11 1944

RECEIVED
District Health Officer No. 10
District File Number 6-44-1619
Date Filed JUN 9 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 George O. Wagner, Registered Apprentice No. ....., working under my personal supervision.

Signed George O. Wagner

Licensed Embalmer No. 3473

P. O. Address Louisiana 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.