S. No. 2
4—5-42
5-17-39
1 X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

30959

State File No.

FILED OCT 9 1944

Registration District No. 121 Primary Registration District No. 4200 Registrar's No. 38

39 1 0

1. PLACE OF DEATH:
(a) County Greene Co
(b) City or town Ash Grove
(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 Forty Two Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Greene 39
(c) City or town Ash Grove Mo 1
(If outside city or town limits, write "RURAL") 0
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country n

3. (a) PRINT FULL NAME Thursey Ann Waddle
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Female 1
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Mark Waddle
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 10 (Month) 19 (Day) 1848 (Year)

8. AGE: Years 96 Months 10 Days 18 If less than one day hr. min.

9. Birthplace Greene Co (City, town, or county) Mo (State or foreign country) 0
10. Usual occupation House Keeping
11. Industry or business

MOTHER FATHER
12. Name George Thomas Beal
13. Birthplace Not Known (City, town, or county) (State or foreign country) 9
14. Maiden name Emily Jane Ooley
15. Birthplace Not Known (City, town, or county) (State or foreign country) 9

16. (a) Informant Mrs James Erwin
(b) Address Ash Grove Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-5-44 (Month) (Day) (Year)
(c) Place: burial or cremation Kelly Cem
18. (a) Signature of funeral director Morris & Leiman
(b) Address Ash Grove Mo
19. (a) Sept 4-1944 (Date received local registrar) (b) J O Berch (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 2 year 1944 hour 7 minute A.M.
21. I hereby certify that I attended the deceased from June 10, 1944, to Sept 2, 1944, that I last saw him alive on Sept 2, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Senility (age 96)
Due to
Due to
Other conditions (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? (Specify type of place)
While at work? (e) Means of injury
23. Signature Homer F. Matz (M. D. or other) M.D.
Address Ash Grove Date signed Sept 4 1944

1254 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Greene County Health Office,
County File Number 44-10-12
Date Filed 10/6/44

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 Maude O. Morris

Licensed Embalmer No. 2055

P. O. Address Ash Grove 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.