

Primary Registration District No. 5821

1. PLACE OF DEATH:

(a) County New Madrid
(b) City or town Rural P. of Parish
(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 18 mo. years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County New Madrid
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Sikeston Mo R #3
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME FLOYD QUINTON WADDLE

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Pauline 6. (c) Age of husband or wife if alive 39 years
7. Birth date of deceased Jan 7 1909
(Month) (Day) (Year)

8. AGE: Years 36 Months 2 Days 26 If less than one day hr. _____ min. _____

9. Birthplace Winston Co Ala
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name John Thomas Waddle
13. Birthplace Georgia
(City, town, or county) (State or foreign country)
14. Maiden name Mary Mote
15. Birthplace Georgia
(City, town, or county) (State or foreign country)

16. (a) Informant J. T. Waddle

(b) Address Sikeston Mo R #3

17. (a) removal (b) Date thereof 4-4-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Loretto Tenn

18. (c) Signature of funeral director Wald Funeral Home

(b) Address Sikeston Mo

19. (a) 4-12-45 (b) Helene Loup Jones
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 3
year 1945 hour 3 minute 00 A. M.

21. I hereby certify that I attended the deceased from 8/7/42 19... to 4/3/45 19...
that I last saw him alive on 4/1/45 19...
and that death occurred on the date and hour stated above.

Immediate cause of death Hodgkins Disease

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations H&H
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) (e) Means of injury ?

23. Signature J. M. C. Miller (M. D. or other) MD
Address Sikeston Mo Date signed 4/3/45

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

1200

RECEIVED

District Health Office No. 2,

District File Number 545-756

Date Filed 5-15-45

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 Raymond J. Crews

Licensed Embalmer No. 3467

P. O. Address Sikeston 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.