

FILED OCT 24 1945
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Registration District No. _____

Primary Registration District No. 1000

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri Methodist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 hours
In this community 50 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 112 Fulkerson
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John Albert Waterfall

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 Single

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

7. Birth date of deceased: July 12 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 2 15 hr. min.

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

10. Usual occupation Retired

11. Industry or business Mercantile Co.

12. Name W.W. Waterfall

13. Birthplace Unknown England
(City, town, or county) (State or foreign country)

14. Maiden name Josephine Juvoraky

15. Birthplace Unknown Bohemia
(City, town, or county) (State or foreign country)

16. (a) Informant Effie Vancil

(b) Address 1112 Fulkerson, St. St. Joseph, Mo.

17. (a) Burial (b) Date thereof 9/20/1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director Walter Meierhoffer

(b) Address 1302 Faron, St. Joseph, Missouri

19. (a) 10-2-1945 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 27th
year 1945 hour 8 minute 55 P. M.

21. I hereby certify that I attended the deceased from Sept. 27, 1945 to Sept. 27, 1945
that I last saw him alive on Sept. 27, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Coronary Occlusion

Due to Arteriosclerosis General several years

Due to _____

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

Major findings: No operations
Of operations _____
Of autopsy No autopsy

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 _____

(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 [Signature] (M. D. or other)
Address 211 Kirkpatrick Bldg. Date signed 9/28/45

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

JAN 21 1946

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 *Albert P. Harrington*

Licensed Embalmer No. 3258 Missouri

P. O. Address St. Joseph, Missouri.

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.