

FILED DEC 8 1945

State File No. _____

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 1287

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: Mo. Meth. Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Da
(Specify whether years, months or days)

In this community 2 Days

2. USUAL RESIDENCE OF DECEASED:

(a) State Iowa (b) County Taylor 99

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

(d) Street No. _____
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME William Joseph Waterman

(b) If veteran, name war _____

(c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 29
year 1945 hour 4 minute 50 A.M.

4. Sex Male 5. Color or race White

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

7. Birth date of deceased: May 4 1874
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 11-27, 1945, to 11-29, 1945
that I last saw him alive on Nov 28, 1945
and that death occurred on the date and hour stated above.

8. AGE: Years 71 Months 6 Days 25
If less than one day hr. _____ min. _____

Immediate cause of death: Hypertension
Hypertensive heart disease

Duration Unknown

9. Birthplace: Taylor Co Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation: Farmer

Other conditions: Arterio-sclerosis
(Include pregnancy within 3 months of death)

Due to _____

Due to _____

11. Industry or business _____

12. Name: Joseph M Waterman

13. Birthplace: Vt.
(City, town, or county) (State or foreign country)

14. Maiden name: Margaret Van Raman

15. Birthplace: Va
(City, town, or county) (State or foreign country)

Major findings: None

Of operations _____

Of autopsy None

16. (a) Informant: F. Wetmore

(b) Address: Bedford Iowa

17. (a) Removal (b) Date thereof: 11-29-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Bedford, Iowa

18. (a) Signature of funeral director: Wetmore Funeral Home

(b) Address: Bedford Iowa

19. (a) Dec 7, 1945 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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: E. M. Shores (M. D. or other) M.D.

Address: 317 1/2 Kirkpatrick Bldg signed 12-7-45

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

11
1
7

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

Stanley Swanson

Licensed Embalmer No.

3966

P. O. Address

Hopkins, 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.