

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE PEOPLE
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37874

State File No. _____

Registration District No. 204

Primary Registration District No. 4515

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Macon

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

(c) Name of hospital or institution: n 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 25 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County macon

(c) City or town Lallato
(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 Mary Margaret Wauderly

3. (b) If veteran, name war L

3. (c) Social Security No. n 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 25 year 1945 hour _____ minute 4.2 M.

21. I hereby certify that I attended the deceased from July 5 1944 to Oct 25 1945 that I last saw him alive on Oct 30 1945 and that death occurred on the date and hour stated above.

4. Sex F 1. Color or race W

6. (a) Single, widowed, married 0 divorced single

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: Dec (Month) 18 (Day) 1859 (Year)

Immediate cause of death: Wernia, Chronic nephritis

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Duration alt.

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

8. AGE: Years 85 Months 10 Days 7 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housekeeper

11. Industry or business _____

12. Name William Wauderly

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

14. Maiden name Nancy Rollins

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

16. (a) Informant Lois W. Smith

(b) Address Lallato Mo

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

(c) Place: burial or cremation Wardlaid Mo

18. (a) Signature of funeral director P. S. Christie

(b) Address Lallato Mo

19. (a) 10-27-45 (Date received local registrar) (b) H. M. Ross (Registrar's signature)

Major findings: _____

Of operations _____

Of autopsy _____

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 C. H. Quercy (M. D. or other) _____

Address La Plata Mo Date signed 10-25-45

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

MOTHER FATHER

RECEIVED
District Health Officer No. 10
District File Number 11-45-1736
Date Filed NOV 27 1945

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 D. S. Christian
Licensed Embalmer No. 1109
P. O. Address La Plata 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.