

FILED JAN 8 1946

Registration District No. 171

Primary Registration District No. 2705

Registrar's No. 12

1. PLACE OF DEATH:

(a) County Livingston
(b) City or town Dawn (Monroe Twn)
(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. 3 weeks (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Caldwell 13
(c) City or town Cowgill 0
(If outside city or town limits, write "RURAL") 6
(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 Cora Belle Waters

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

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife Samuel James Waters 6. (c) Age of husband or wife if alive -- years
7. Birth date of deceased Jan. 1st 1866 (Month) (Day) (Year)

8. AGE: Years 79 Months 11 Days 29 If less than one day hr. min.

9. Birthplace Putman county Mo. 0 (City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business
12. Name John Kent
13. Birthplace unknown Ill (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace unknown a (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Taft Sprouse 1
(b) Address Dawn Missouri

17. (a) Burial (b) Date thereof 1-2-46 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation White Cem.

18. (a) Signature of funeral director Edward J. Mead
(b) Address Braymer Mo.

19. (a) 1-2-46 (b) Leticia Curing (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 31 year 1945 hour 6 minute 30pm M.

21. I hereby certify that I attended the deceased from Dec 20 1945 to Dec 30 1945; that I last saw her alive on Dec 20 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Embryal Hemorrhage 1 day

Due to Embolus
Due to Also had 10 days of Illness preceding stroke
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?

While at work? (Specify type of place) (c) Means of injury
23. Signature Yes Moore (M. D. or other)
Address LUG LOW, Mo Date signed 1-2-46

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

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

Donald J. Meach

Licensed Embalmer No. 2801

P. O. Address Brayner, 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.