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ev. 5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED JAN 14 1946  
STANDARD CERTIFICATE OF DEATH

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 231

Primary Registration District No. 8048

Registrar's No. 181

1. PLACE OF DEATH:

(a) County Madaway

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

(c) Name of hospital or institution: St. Francis  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 days  
(Specify whether years, months or days)

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Holt 44

(c) City or town Craig 0  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ 0  
(If rural, give location)

(e) Citizen of foreign country? No 1  
(Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Charles Moses Waits

3. (b) If veteran, name war None

3. (c) Social Security No. 495-10-2553

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 8  
year 1945 hour 11 minute 8 M.

21. I hereby certify that I attended the deceased from 11  
28, 1945, to 12 8 1945  
that I last saw him alive on 12 - 8 1945  
and that death occurred on the date and hour stated above.

4. Sex Male

5. Color or race white

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

6. (b) Name of husband or wife Mollie Waits

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

7. Birth date of deceased: April 30 1872  
(Month) (Day) (Year)

Immediate cause of death: Chronic myocarditis with mitral stenosis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

8. AGE:

Years	Months	Days	If less than one day
<u>73</u>	<u>7</u>	<u>8</u>	— hr. — min.

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

10. Usual occupation General labor

11. Industry or business \_\_\_\_\_

12. Name Frank Waits

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

14. Maiden name Mollie Davenport

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

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy Blk

16. (a) Informant Mrs. Richard Kumbuling

(b) Address Fairfax, Mo.

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? \_\_\_\_\_

17. (a) Burial (b) Date thereof 12/11/45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Liberty Cemetery

18. (a) Signature of funeral director Wilbur L. Scholz

(b) Address Craig, Mo.

19. (a) Dec 10 45 (b) Bess Holt  
(Data received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature H. E. Bauman MD  
(M. D. or other)

Address Fairfax Mo. Date signed 12/9/45

Duration 5yo.

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

74  
1  
2

RECEIVED

District Health Officer No. 11,

District File Number.....

Date Filed.....

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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.....

*Myself*

....., Registered Apprentice No.....

working under my personal supervision.

Signed..... *Wilber L. Schooner*

Licensed Embalmer No. *3997*

P. O. Address..... *Craig, 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.**