

FILED MAR 14 1946 **STANDARD CERTIFICATE OF DEATH**

State File No. **4908**

Registration District No. **61**

Primary Registration District No. **5237**

Registrar's No. **7**

Richter

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

1. PLACE OF DEATH:

(a) County Cedar
 (b) City or town Rural - Cedar Twp
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Cedar **20**
 (c) City or town Rural - Cedar Twp
(If outside city or town limits, write "RURAL")
 (d) Street No.....
(If rural, give location)
 (e) Citizen of foreign country?.....
(Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME

Mabel Waugb

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, married

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

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
 ?

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name Thomas L. Neely

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

14. Maiden name Michael L. Dodd

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

16. (a) Informant The Waugb

(b) Address El Dorado Springs, Mo.

17. (a) Burial (b) Date thereof 20-20-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hickman Cemetery

18. (a) Signature of funeral director Theresa Carother

(b) Address El Dorado Springs, Mo.

19. (a) 2/21/46 (b) L. S. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 17
 year 1946 hour 2:00 p.m. minute..... M.

21. I hereby certify that I attended the deceased from 1-29 1946 to 2-12 1946
 that I last saw her alive on 2-12 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion
 Due to Arteriosclerosis
Hypertension
 Due to.....

Duration

da

yr

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 Wm B Richter (M.D. or other).....
 Address Stocketon Date signed 2/19/46

RECEIVED

Health Officer No. 7,

Member No. 246249

Date Filed 3-13-46

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 *M. S. Gurnin*

Licensed Embalmer No. *2034*

P. O. Address *Edwards Springs, 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.