

S. No. 2
M-5-43
5-17-39
I X38671

FILED MAY 18 1946

Registration District No. 127 Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
General Hospital No. 1
(If not in hospital or institution, write street number or location)

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

In this community 2 YEARS
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Joseph Downey Waugh

3. (b) If veteran, name war No 3. (c) Social Security No. none

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced SINGLE

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

7. Birth date of deceased FEBRUARY 10 1881
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>65</u>	<u>2</u>	<u>15</u>	hr. _____ min. _____

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

10. Usual occupation B

11. Industry or business BOTTLING GAS COMPANY

12. Name GEORGE WAUGH

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

14. Maiden name CLARE SIMPSON

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

MOTHER FATHER

16. (a) Informant MRS. GEORGE SELL

(b) Address BARNARD MISSOURI

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof APRIL 28 1946
(Month) (Day) (Year)

(c) Place: burial or cremation MARYVILLE, MISSOURI

18. (a) Signature of funeral director O. H. Newcomer's Sons

(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 4-27-46 (Date received local registrar) (b) E. Geraldine Helms (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 3220 Washington
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 25
year 1946 hour 4 minute 30 P.M.

21. I hereby certify that I attended the deceased from April 23 1946 to April 25 1946
that I last saw him alive on April 25 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis of lung

Due to _____

Due to _____

Other conditions 13 1/2
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy None

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 Car

23. Signature Wm W. Hart (M. D. or other) MD
Address Med. Dir. Gen'l Hosp. Date signed 4-26-46

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

13422

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 *Melvin Miller*.....

Licensed Embalmer No. *4407*.....

P. O. Address *Kansas City, 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.