

Registration District No. **294** Primary Registration District No. **3056**

1. PLACE OF DEATH:

(a) County **Randolph**
(b) City or town **Moberly**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **103 Collins /**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Randolph** **8X**
(c) City or town **Moberly** **6**
(If outside city or town limits, write "RURAL") **3**
(d) Street No. _____ (If rural, give location) **0**
(e) Citizen of foreign country? **NO** (Yes or No) **0**
If yes, name country _____

3. (a) PRINT FULL NAME **Willard C. Waterfield**

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

4. Sex **male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Ora Waterfield** 6. (c) Age of husband or wife if alive **62** years
7. Birth date of deceased **February 8 1870**
(Month) (Day) (Year)

8. AGE: Years **76** Months **7** Days **15** If less than one day _____ hr. _____ min.

9. Birthplace **Chariton County Missouri**
(City, town, or county) (State or foreign country)
10. Usual occupation **retired farmer**

11. Industry or business _____
12. Name **Alex Waterfield**
13. Birthplace **Don't know** **9**
(City, town, or county) (State or foreign country)
14. Maiden name **Serena Prather**
15. Birthplace **Don't know** **9**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mr. Ray Waterfield**
(b) Address **Moberly, Missouri**
17. (a) **burial** (b) Date thereof **9/25/1946**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Huntsville, Missouri**

18. (a) Signature of funeral director **Tom B. Patton**
(b) Address **Huntsville, Mo**
19. (a) **9-25-46** (b) **Seah...**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **September** Day **23**
year **1946** hour **10:00** P.M. minute _____ M.

21. I hereby certify that I attended the deceased from **Sept 20**
1946 to **Sept 23**, 19**46**
that I last saw him alive on **Sept 23**, 19**46**
and that death occurred on the date and hour stated above.

Immediate cause of death **Hypertension Ch** **1 yr**
Duration _____

Due to _____
Due to _____

Other conditions **Hypertension**
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy **930**

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 **HC Graybell** (Specify type of place) **(A)**
(e) Means of injury _____
23. Signature **HC Graybell** (M. D. or other) _____
Address **Moberly** Date signed **9/24/46**

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

MOTHER FATHER

269

RECEIVED
District Health Office No. 10
District File Number 10-46-1830
Date Filed OCT 14 1946

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 Tom B Patton

Licensed Embalmer No. 3914

P. O. Address Huntsville, Ala

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.