

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

1. PLACE OF DEATH:

(a) County Dent

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

(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 X  
(Specify whether years, months or days)

In this community several years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dent 33

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

(d) Street No. /  
(If rural, give location)

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

If yes, name country /

3. (a) PRINT FULL NAME Robert Lee Waugh

3. (b) If veteran, name war X

3. (c) Social Security No. YES

4. Sex male 0

5. Color or race W

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

6. (b) Name of husband or wife Francis Dooley

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

7. Birth date of deceased June 8 1898  
(Month) (Day) (Year)

8. AGE: Year 47 Months 6 Days 15  
If less than one day hr. min.

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

10. Usual occupation laborer

11. Industry or business Timber

MOTHER FATHER { 12. Name James Waugh

13. Birthplace no record 9  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Medley

15. Birthplace no record 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Robert Martin

(b) Address 2143 Farrar St. Lohi Mo

17. (a) burial (b) Date thereof 12/26/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Cem

18. (a) Signature of funeral director [Signature]

(b) Address Salem Mo

19. (a) 12-26-46 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 22  
year 1946 hour AM minute / M.

21. I hereby certify that I attended the deceased from Not seen alive

that I last saw him alive on 19 /

and that death occurred on the date and hour stated above.

Immediate cause of death Carbon Monoxide Asphyxiation

Due to Accidental

Other conditions None

(Include pregnancy within 3 months of death)

Major findings: 1797

Of operations 114

Of autopsy 114

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) Accident 33

(b) Date of occurrence [Signature]

(c) Where did injury occur? [Signature]

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
(Specify type of place) (City or town) (County) (State)

While at work? [Signature]

23. Signature [Signature] (M. D. or other) MD

Address Salem Mo Date signed 12-26-46

RECEIVED

District Health Officer No. 6

District File Number 1471

Date Filed 1-3-47

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 Carl H. Linn

Licensed Embalmer No. 2320

P. O. Address Salem Me.

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.