

FILED JAN 27 1947
Registration District No. **387**

Primary Registration District No. **5207**

1. PLACE OF DEATH:

(a) County **Carroll**
(b) City or town **Tina** Rural
(c) Name of hospital or institution **Home 5 1/2 Miles NW Tina**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **all her life** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Carroll**
(c) City or town **Tina** Rural
(If outside city or town limits, write "RURAL")
(d) Street No. **5 1/2 Miles NW Tina**
(If rural, give location)
(e) Citizen of foreign country? **NO.** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Eva Faye Waitman**
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

4. Sex **F** 5. Color or race **W**
6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Hugh H Waitman**
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **July 3 1908**
(Month) (Day) (Year)

8. AGE: Years **38** Months **6** Days **8**
If less than one day hr. _____ min. _____

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

10. Usual occupation **Housewife**

11. Industry or business _____

MOTHER FATHER

12. Name **Albert Pierson**
13. Birthplace **Sweden**
(City, town, or county) (State or foreign country)
14. Maiden name **Jessie Shaffer**
15. Birthplace **Argenta, Ill.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Hugh H Waitman**
(b) Address **Tina, Missouri**
17. (a) **Burial** (b) Date thereof **1/13/47**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Vanhorw Cem. Tina**

18. (a) Signature of funeral director **Offord W Austin**
(b) Address **Tina Missouri**
19. (a) **L-14-47** (b) **Rey Henderson**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **JANUARY** day **11th**
year **1947** hour **4:30** minute **P.** M.
21. I hereby certify that I attended the deceased from **December 4**
1946 to **JANUARY 11**, 19**47**;
that I last saw her alive on **JANUARY 11**, 19**47**;
and that death occurred on the date and hour stated above.

Immediate cause of death **CARDIAC FAILURE** Duration **2 hrs**
Due to **CANCER OF BREAST & LIVER**
Due to _____
Other conditions (include pregnancy within 3 months of death) _____
Major findings: **50**
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? _____
(Specify type of place)
While at work? _____ (e) Means of injury **2**
23. Signature **R.W. Maitney** (M. D. or other) **Do.**
Address **Tina** Date signed **1-11-47**

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.....

Licensed Embalmer No. 3233

P. O. Address. Tena, Missouri

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.