No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 4 '47

Registration District No. Henstedt 333

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3074

State File No. 30068

Registrar's No. 72

1. PLACE OF DEATH:

(a) County: Scott

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

(c) Name of hospital or institution: Home - 416 Franklin
(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)
In this community: 21 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Scott

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

(d) Street No.: 416 Franklin
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME: James Franklin Waters

3. (b) If veteran, name war: X

3. (c) Social Security No.: X

4. Sex: M

5. Color or race: W

6. (a) Single, widowed, married, divorced: W

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

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

7. Birth date of deceased: 9 (Month) 23 (Day) 1865 (Year)

8. AGE: Years 81 | Months 10 | Days 13 | If less than one day ..... hr. ..... min.

9. Birthplace: Glendale (City, town, or county) Ill. (State or foreign country)

10. Usual occupation: Physician

11. Industry or business .....

FATHER
12. Name: Unknown
13. Birthplace: Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown (City, town, or county) (State or foreign country)

16. (a) Informant: Guy Waters
(b) Address: Sikeston, Mo. R. #3

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8/8/47 (Month) (Day) (Year)
(c) Place: burial or cremation: Sikeston, Mo.

18. (a) Signature of funeral director: H. W. Albritton
(b) Address: Sikeston, Mo.

19. (a) 8/27/47 (Date received local registrar) (b) Mrs. T. F. Henry (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 6 year 1947 hour 2 minute 30 P. M.

21. I hereby certify that I attended the deceased from July 20, 1947 to Aug 6 1947 that I last saw him alive on July 20 1947 and that death occurred on the date and hour stated above.

Immediate cause of death: Myocarditis

Due to .....

Due to .....

Other conditions (Include pregnancy within 3 months of death) .....

Major findings:
Of operations .....

Of autopsy .....

Duration

PHYSICIAN — Underline the cause of 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 .....

23. Signature: H. W. Henstedt (M. D. or other)
Address: Sikeston Mo. Date signed: 8-31-47

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

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 942-1124
Date Filed 9-2-47

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 John Allerton

Licensed Embalmer No. 291

P. O. Address Sikeston 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.