No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 20 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1371

Registration District No. 147 Primary Registration District No. 1002 Registrar's No. 69

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: St. Joseph Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 weeks, 1 day (Specify whether
In this community 51 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 2209 Agnes Avenue 8
(If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Waters Edward S -
3. (b) If veteran, name war no
3. (c) Social Security No. 487-07-9198
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Hazel O. Waters
6. (c) Age of husband or wife if alive 46 years
7. Birth date of deceased February (Month) 7, (Day) 1896 (Year)

8. AGE: Years 51 Months 10 Days 28 If less than one day ..... hr. ..... min.

9. Birthplace Kansas City, (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Truck Driver
11. Industry or business W. E. Murray Trans. Co.
FATHER
12. Name Chas. E. Waters
13. Birthplace St. Louis, (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Ida Bright
15. Birthplace Harrisburg, (City, town, or county) Pa. (State or foreign country)
16. (a) Informant Mrs. Hazel O. Waters
(b) Address 2209 Agnes Ave., K.C., Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-7-48 (Month) (Day) (Year)
(c) Place: burial or cremation Floral Hills
18. (a) Signature of funeral director Mellody-McGilley-Eylar
(b) Address Kansas City, Missouri
19. (a) 1-6-48 (Date received local registrar) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 5th
year 1948 hour 3 - minute 10 - P M.
21. I hereby certify that I attended the deceased from 13th November 1947 to Jan 5th 1948
that I last saw him alive on Jan 5th 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cirrossis Liver
Due to
Due to Acute Mesenteric Thrombosis
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 12 HR
Of autopsy as stated above

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 B. A. Poorman (M. D. ~~or other~~)
Address 919 - Rialto Bld Date signed 1/5/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 Russell N. France

Licensed Embalmer No. 4255

P. O. Address K.C., 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.