No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

5206

State File No. .....

FILED MAR 9 1948

Registration District No. 6

Primary Registration District No. 3026

Registrar's No. 62

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Independence
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Independence Sanitarium 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days (Specify whether
In this community 71 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town 1830 Sterling 4
(If outside city or town limits, write "RURAL")
(d) Street No. Independence 4
(If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME MR. EVAN CHARLES WADDELL

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex male 0

5. Color or race white

6. (a) Single, widowed, married, divorced single 0

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

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

7. Birth date of deceased Feb. 15, 1875 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
73	0	2	..... hr. ..... min.

9. Birthplace White Cloud, Kansas. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business .....

FATHER
12. Name Soren O. Waddell 4
13. Birthplace Copenhagen, Denmark 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Karen M. Waddell 4
15. Birthplace Copenhagen, Denmark 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. A. W. Crenshaw
(b) Address 1830 Sterling, Independence, Mo.

17. (a) burial (b) Date thereof 2/20/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Woodlawn Cemetery

18. (a) Signature of funeral director Geo. C. Carson
(b) Address Independence, Mo.

19. (a) 2-18-48 (b) James A. Craig
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 17
year 1948 hour 2:55 minute A M.

21. I hereby certify that I attended the deceased from .....
....., 19....., to ....., 19.....;
that I last saw h..... alive on ....., 19.....;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchopneumonia	2 days
Due to Cerebral Hemorrhage	2 days
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy See Above

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 A. E. Ussher (M. D. or other) M.D.
Address 2800 Main Date signed 2/17/48

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 Donald W. Hanks, Registered Apprentice No. 425, working under my personal supervision.

Signed R. A. Lisle

Licensed Embalmer No. 423

P. O. Address Independence, 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.