

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FILED FEB 17 1948

State File No. _____

Registration District No. 294

Primary Registration District No. 3056

Registrar's No. 45

1. PLACE OF DEATH:
 (a) County Randolph
 (b) City or town Moberly
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Mc Cormick Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community _____
 years, months or days

3. (a) PRINT FULL NAME David Lee Waterfield
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

4. Sex Male
 5. Color or race White
 6. (a) Single, widowed, married, divorced S
 6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased: Feb 30 1948
 (Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____
 If less than one day 3 hr. 1/2 min.

9. Birthplace _____
 (City, town, or county) (State or foreign country) MO

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER
 { 12. Name Kenneth Waterfield
 { 13. Birthplace _____
 { 14. Maiden name Margorie Myers
 { 15. Birthplace _____
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Kenneth Waterfield
 (b) Address Moberly Mo

17. (a) Burial (b) Date thereof Feb 19-48
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moberly Mo
Malign and Son

18. (a) Signature of funeral director _____
 (b) Address Moberly Mo

19. (a) Feb 4-48 (b) Leah Williams Howe
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Randolph
 (c) City or town Moberly
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Feb day 3
 year 1948 hour 7 minute 35 P.M.

21. I hereby certify that I attended the deceased from Feb 3, 1948
 _____, 19____, to Feb 3, 1948, 19____;
 that I last saw him alive on Feb 3, 1948, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death _____
Prematurity
 Due to _____
 Due to _____

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

Major findings: _____
 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 _____

23. Signature W. H. McCormick D.O. (M. D. or other) _____
 Address 300 1/2 Reed St. Moberly Mo. Date signed 2-4-48

RECEIVED

District Health Officer No. 1

District File Number 2-48-33

Date Filed FEB 16 1948

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed not embalmed me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.