S. No. 2
M—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED APR 10 1948
Registration District No. 1497

MISSOURI DIVISION OF HEALTH
# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4185

State File No. 8391

Registrar's No.

1. PLACE OF DEATH:
(a) County Franklin
(b) City or town St. Clair (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: — (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

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Franklin
(c) City or town St. Clair (If outside city or town limits, write "RURAL") 26
(d) Street No. — (If rural, give location) 30
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME FRANK WATERS
3. (b) If veteran, name war
3. (c) Social Security No. 702-03-5825

4. Sex M 0
5. Color or race W
6. (a) Single, widowed, married, divorced M 1
6. (b) Name of husband or wife Maud
6. (c) Age of husband or wife if alive 61 years
7. Birth date of deceased Aug. (Month) 5 (Day) 1886 (Year)

8. AGE: Years 61 Months 7 Days 13 If less than one day ... hr. ... min

9. Birthplace Abilene (City, town, or county) Kansas (State or foreign country) 1
10. Usual occupation retired railway switchman
11. Industry or business —

FATHER
12. Name Samuel Waters 9
13. Birthplace unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Nettie Jackson
15. Birthplace unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant Ernest Waters
(b) Address 3349 Natalie St Louis
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 3/20/48 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cem
18. (a) Signature of funeral director Meyer Bros
(b) Address 6409 Natural Bridge St. Louis
19. (a) 3-18-1948 (Date received local registrar) (b) E. L. Worthington (Registrar's signature)

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18
year 1948 hour 1:30 minute a.m.
21. I hereby certify that I attended the deceased from 3/15/48 to 3/18/48
that I last saw him alive on 3/17/48
and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Myocarditis | 3 |
| Due to Hypertension | |
| Due to — | |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: Of operations — | |
| Of autopsy — | |

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 [illegible] (M. D. or other)
Address [illegible] Date signed 3/18/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9
District File Number
Date Filed MAY 4 1948

APR 12 1948

APR 14 1948

## 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 Homer H. Fritz

Licensed Embalmer No. 3882

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, fact should be so stated above.**