

No. 300
M-10-47
5-17-39
I 3908

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED APR 8 1948

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
STANDARD CERTIFICATE OF DEATH

State File No. 97-1
Registrar's No. 41

Registration District No. 278

Primary Registration District No. 3054

1. PLACE OF DEATH:
(a) County Pike
(b) City or town Louisiana
(c) Name of hospital or institution: Pike County Hospital
(d) Length of stay: In hospital or institution XXXX 6 Days
In this community Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Pike
(c) City or town Rural,
(d) Street No. Louisiana, Mo. R. #2
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME Thomas Curtis Waddell
3. (b) If veteran, name war no
3. (c) Social Security No. no

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased December 5 1937

8. AGE: Years 10 Months 3 Days 24
If less than one day hr. min.

9. Birthplace Louisiana, Missouri
School Child

10. Usual occupation School

11. Industry or business School
12. Name Curtis William Waddell
13. Birthplace Louisiana, Missouri
14. Maiden name Grace Ince
15. Birthplace Louisiana, Missouri

16. (a) Informant Curtis W. Waddell
(b) Address R # 2 Louisiana, Missouri
17. (a) Burial (b) Date thereof 3/31/48
(c) Place: burial or cremation Riverview Cemetery

18. (a) Signature of funeral director Haley Mortuary
(b) Address Louisiana, Missouri
19. (a) 3/29/48 (b) Bernice Collier

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 29
year 1948 hour 4:00AM. minute M.
21. I hereby certify that I attended the deceased from 1946 to 3-29 1948
that I last saw him alive on 3-28 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Failure
Due to Hypothyroid Heart Disease & dilatation
& Hypertrophy
Bronchopneumonia
Other conditions BENT, severe

PHYSICIAN
Major findings: Of operations
Of autopsy

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? (Specify type of place)
(e) Means of injury
23. Signature Chas H. Hamilton (M. D. or other)
Address Louisiana, Mo. Date signed 3/30/48

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

RECEIVED
District Health Officer No. 10
District File Number 4-48-655
Date Filed APR - 7 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, 3773

~~XXXXXXXXXXXXXX~~
Registered Apprentice No.

working under my personal supervision.

Signed George O. Wagner

Licensed Embalmer No. 3773

P. O. Address. Louisiana, 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.