

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19715**

FILED JUL 3 1948
Registration District No. **199**

Primary Registration District No. **1002**

Registrar's No. **2581**

1. PLACE OF DEATH:
(a) County **Jackson**
(b) City or town **Kansas City, Mo**
(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 **31 hours**
(Specify whether
In this community **1 1/2 days**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo** (b) County **Henry 42**
(c) City or town **Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. **Beacons Gap 2**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **WAUGH, HOWARD HARRISON**
(b) If veteran, name war **No**
(c) Social Security No. **none**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **June** day **19**
year **1948** hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from **June 18**
1948, 19____, to **June 19**, 19____;
that I last saw him alive on **June 18**, 19____,
and that death occurred on the date and hour stated above.

4. Sex **M** 5. Color or race **W**
6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Mabel Waugh**
6. (c) Age of husband or wife if alive **52** years
7. Birth date of deceased **Feb 27 1889**
(Month) (Day) (Year)

Immediate cause of death **Intestinal Obstruction**
Due to **Post operative**
Due to **Appendicitis**
Other conditions (include pregnancy within 3 months of death) **12**

8. AGE: Years Months Days If less than one day
59 3 22 hr. _____ min.
9. Birthplace **Henry Co. Mo**
(City, town, or county) (State or foreign country)
10. Usual occupation **barman**

MOTHER FATHER
11. Industry or business _____
12. Name **James Henry Waugh**
13. Birthplace **Montgomery, Indiana**
(City, town, or county) (State or foreign country)
14. Maiden name **Sutherland Edmonson**
15. Birthplace **Madison Co. Mo.**
(City, town, or county) (State or foreign country)

Major findings: **as above**
Of operations _____
Of autopsy _____

16. (a) Informant **Dr. J. W. Waugh**
(b) Address **Clatskanie, Mo**
17. (a) **Removal** (b) Date thereof **6-19-48**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Capeston Cem., Johnson Co. Mo.**
18. (a) Signature of funeral director **A. H. Wauson**
(b) Address **Clatskanie, Mo**
19. (a) **6-20-48** (b) **Steraldine Holme**
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence **None**
(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? **No**
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature **Donna Williams** (M. D. or other) _____
Address **236 Maple St** Date signed **June 19 1948**

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

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 W. L. Clausant.....

Licensed Embalmer No. 3779.....

P. O. Address Clinton.....

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.