No. 2
-1/47
17-39

FEDERAL SECURITY AGENCY
Regional Office of Vital Statistics
FILED AUG 25 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

27005

State File No. .....

Registration District No. 200 Primary Registration District No. 5725 Registrar's No. 361

1. PLACE OF DEATH:
(a) County Macon
(b) City or town Macon rural Hudson
(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
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Indiana ~~South Bend~~ (b) County 999
(c) City or town South Bend Ind. 12
(If outside city or town limits, write "RURAL")
(d) Street No. ..... (If rural, give location) 0
(e) Citizen of foreign country? ..... (Yes or No) 2
If yes, name country .....

3. (a) PRINT FULL NAME Mabel Grace Waller
3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced 0
6. (b) Name of husband or wife Ed Waller
6. (c) Age of husband or wife if alive 43 years
7. Birth date of deceased Feb. (Month) 17 (Day) 1906 (Year)

8. AGE: Years 42 Months 5 Days 21 If less than one day ..... hr. ..... min.

9. Birthplace Macon, Co. Mo. (City, town, or county) (State or foreign country) 0
10. Usual occupation House wife
11. Industry or business .....
FATHER
12. Name Fred A. Blomburg
13. Birthplace Stockholm Sweden (City, town, or county) (State or foreign country) 4
MOTHER
14. Maiden name Lillie A. Knight
15. Birthplace Pontiac Ill (City, town, or county) (State or foreign country) 1
16. (a) Informant Harold Blomburg
(b) Address Macon Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-13-48 (Month) (Day) (Year)
(c) Place: burial or cremation Oakwood Cem. Macon
18. (a) Signature of funeral director Stephens & Goodding
(b) Address Macon, Mo
19. (a) 8/16/48 (Date received local registrar) (b) Ruth McNeely (Registrar's signature) 185

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July 10 day ..... year 1948 hour 5 minute 18 A.M.
21. I hereby certify that I attended the deceased from March 18 1948 to July 10 1948; that I last saw her alive on July 10 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Uremic Coma	3 days
Due to Ureteral obstruction	3 days
Due to Carcinoma of the Cervix	2 yrs
Other conditions (Include pregnancy within 3 months of death) Generalized metastases	
Major findings: Of operations ✓	
Of autopsy ✓ 480	

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 H O Elm (M. D. or other) MD
Address Macon Mo Date signed 7-14-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 10
District File Number 8-48-1476
Date Filed AUG 23 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 James C. Cleaver Registered Apprentice No. 515 working under my personal supervision.

Signed C. L. Stephens

Licensed Embalmer No. 3057

P. O. Address Macon, Ms

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.