No. 300
M.—10-47
5-17-39
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED OCT 5 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28844

Registration District No. 20

Primary Registration District No. 4031

Registrar's No. 5-2

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

1. PLACE OF DEATH:

(a) County Bates

(b) City or town Adrian
(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 3I Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates

(c) City or town Adrian
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Maude Wackerman

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Wid

6. (b) Name of husband or wife W.W.Wackerman

6. (c) Age of husband or wife if alive Dec years

7. Birth date of deceased January (Month) I2 (Day) I887 (Year)

8. AGE: Years 6I Months 8 Days I2 If less than one day hr. min.

9. Birthplace Appleton City (City, town, or county) Missouri (State or foreign country)

10. Usual occupation House work

11. Industry or business

FATHER
12. Name Oliver Dye
13. Birthplace Springville (City, town, or county) Indiana (State or foreign country)

MOTHER
14. Maiden name Charity Dye
15. Birthplace Springville (City, town, or county) Indiana (State or foreign country)

16. (a) Informant Gladys Harmon N.J.

(b) Address 93 Huguenot Ave. Englewood

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9-28-48 (Month) (Day) (Year)

(c) Place: burial or cremation Rockville Mo.

18. (a) Signature of funeral director Creath & Sex

(b) Address Adrian Mo.

19. (a) 9-27-48 (Date received local registrar) (b) Myra Owens (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 25 year 1948 hour minute M.

21. I hereby certify that I attended the deceased from 19 , to 19 ; that I last saw h found at 7:30 A.M. alive on 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Dead on arrival

Due to Coronary Occlusion

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 94w

Of autopsy no

Duration

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 John G Underwood Coroner (M. D. or other)

Address Butler Mo Date signed 9-25-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 9-48-1133
Date Filed 10-4-48

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 Fred T. Cereath 3343, Registered Apprentice No. ....., working under my personal supervision.

Signed [signature]

Licensed Embalmer No. 3650

P. O. Address Adrian 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.