

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

30374

State File No. _____

FILED SEP 16 1948

Registration District No. 287

Primary Registration District No. 5759

Registrar's No. 27

1. PLACE OF DEATH:

(a) County Marion
(b) City or town Vichy
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Rural
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Safe years, months or days

3. (a) PRINT FULL NAME James William Waldron

3. (b) If veteran, _____ 3. (c) Social Security No. _____
name war _____

4. Sex M. 5. Color or race Wh. 6. (a) Single, widowed, married divorced
6. (b) Name of husband or wife Lucy Waldron 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Mar. 28 1881
(Month) (Day) (Year)

8. AGE: Years 67 Months 5 Days 5 If less than one day _____ hr. _____ min.

9. Birthplace Marion Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Thomas Waldron

13. Birthplace Savannah Ga.
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Smith

15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Lucy Waldron

(b) Address Vichy, Mo.

17. (a) Burial (b) Date thereof 9-5-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maedden

18. (a) Signature of funeral director Willard J. D.

(b) Address Rocky, Mo.

19. (a) 9-9-48 (b) Pauline Howard
(Date received local registrar) (Registrar's signature) / X X

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Marion
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Vichy
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 3
year 1948 hour 1 minute 15 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy q46

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? _____

While at work? _____ (Specify type of place) (e) Means of injury 2

Signature S. C. Howard (M. D. or other) D.O.

Address Vienna, Missouri Date signed 9/6/48

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

MOTHER FATHER

RECEIVED
District Medical Officer No. 9,
District File Number
SEP 14 1948
Date Filed

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 _____

Licensed Embalmer No. _____

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.