

No. 300-1-10-47
5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **31942**
Registrar's No. **101**

FILED NOV 10 1948
Registration District No. **1948**

Primary Registration District No. **4025**

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

1. PLACE OF DEATH:

(a) County **Barry**
(b) City or town **Wheaton**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Wheaton Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **10 days**
(Specify whether In this community **Ten days**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Barry**
(c) City or town **Washburn, Mo.**
(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

Lucy Jane Waldon

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex **Female** 5. Color or race **W**
6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **David Waldon**
6. (c) Age of husband or wife if alive **Dead** years _____
7. Birth date of deceased **December 29 1869**
(Month) (Day) (Year)

8. AGE: Years **78** Months **10** Days **2**
If less than one day hr. _____ min. _____

9. Birthplace **Kansas**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

MOTHER FATHER

12. Name **David Shira**
13. Birthplace **Not Known**
(City, town, or county) (State or foreign country)
14. Maiden name **Not Known**
15. Birthplace **Not Known**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Walter Micheal**

(b) Address **Rockycomfort, Mo. R#**

17. (a) **Burial** (b) Date thereof **Nov. 3 48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Washburn, Mo.**

18. (a) Signature of funeral director **W. M. Williams**

(b) Address **Wheaton, Mo.**

19. (a) **Nov 3 - 1948** (b) **Grace Williams**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **31**
year **1948** hour **10** minute **30 P.M.**

21. I hereby certify that I attended the deceased from **10-15** 19**48** to **10-31** 19**48**
that I last saw him **W** alive on **10-31** 19**48**
and that death occurred on the date and hour stated above.

Immediate cause of death: **Embryos carcinoma of throat**
Duration **7 days**

Due to _____

Due to _____

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

Major findings: Of operations **45.**

Of autopsy _____

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**

23. Signature **J. Smith** (M. D. or other) **DO**

Address **Wheaton, Mo.** Date signed **11-2-48**

RECEIVED

District Health Officer No. 6;

District File Number 1148-1268

Date Filed 11-9-48

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *Wm. Morris Bogue*

Licensed Embalmer No. *39429*

P. O. Address *Wheaton 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.