

No. 300
-10-47
5-17-39
P 1 3905

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
STANDARD CERTIFICATE OF DEATH

36930

State File No.

Registration District No. 147

Primary Registration District No. 1002

Registrar's No. 4425

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
4810 Oak St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 30 Years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Milton Waide

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Fay 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Sept 4th 1863
(Month) (Day) (Year)

8. AGE: Years 85 Months I Days 25 If less than one day hr. min.

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

10. Usual occupation Retired Photographer

11. Industry or business

12. Name Samuel Waide

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

14. Maiden name UNKNOWN

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

16. (a) Informant Mrs. Fay Waide
(b) Address 4810 Oak St

17. (a) Removal (b) Date thereof Oct, 30 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Muscantine Iowa

18. (a) Signature of funeral director Carroll-Davidson
(b) Address 3024 Troost Ave

19. (a) 10-30-48 (b) Seraldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 4810 Oak St 80
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 29
year 1948 hour 8 minute 30 P.M.

21. I hereby certify that I attended the deceased from 10/28
1948 to Oct 29, 1948;
that I last saw him alive on Oct 28, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death Acute heart failure Duration

Due to acute coronary ducto coronary sclerosis, ducto acute indigestion

Due to hyperpiesis & senility

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

Major findings:
Of operations 110

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?

J. S. Van Wye (Specify type of place) 315 Wirthman Bldg
While at work (e) Means of injury

23. Signature J. S. Van Wye (M. D. or other) D.D.
Address 315 Wirthman Bldg Date signed 10/29/48

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

MOTHER, FATHER

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

John W. Raybourn
.....
Licensed Embalmer No. *1715*

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.