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DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

37521

BUREAU OF THE CENSUS
FILED NOV 29 1948

State File No. _____

Registration District No. 251

Primary Registration District No. 6-845

Registrar's No. 279

1. PLACE OF DEATH:

(a) County Nodaway
(b) City or town Rural Near Clearmont
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5 miles N.E. TOWN
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 56 Years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway 74
(c) City or town Rural Near Clearmont 0
(If outside city or town limits, write "RURAL")
(d) Street No. 5 Mi. N.E. TOWN 0
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME Walter Sidney Waldroff

3. (b) If veteran, name war _____ 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 Pearl Waldroff 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased March 9, 1890
(Month) (Day) (Year)

8. AGE: Years 58 Months 8 Days 1 If less than one day hr. _____ min. _____

9. Birthplace Rural Near Clearmont, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name William Waldroff
18. Birthplace Not Known Illinois
(City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name Laura Johnson
15. Birthplace Near Clearmont, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Pearl Waldroff
(b) Address Clearmont Mo

17. (a) Removal (b) Date thereof 11/16/48
(Burial, cremation or removal) (Month) (Day) (Year)
Shearer Cemetery, Near Bradyville

(c) Place: burial or cremation _____
18. (a) Signature of funeral director Leah J. Walker

(b) Address Clarinda Mo
19. (a) 11-20-48 (b) Beno Holt
(Date received local registrar) (Registrar's signature) 729

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 10
year 1948 hour 10 minute _____ P.A.M.

21. I hereby certify that I attended the deceased from 11/1, 1948, to 11/10, 1948
that I last saw him alive on 11/8 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis instant death

Due to _____

Due to _____

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

Major findings: Of operations GFW
Of autopsy _____

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 0

23. Signature C. W. Hill (M. D. or other) M.D.
Address Kopkins Date signed 11/14/48

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

6961 62 NOV

HEALTH OFFICE
Cameron, Mo.

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 _____

Loren Dawson

3148

Registered Apprentice No.

working under my personal supervision.

Body was removed to Clarinda, Iowa
and embalmed there.

Signed *Leslie D Walker*

Licensed Embalmer No. *2156*

P. O. Address *Clarinda Ia*

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, above space should be left blank.