S. No. 2
)M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 23 1947

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 20186

Registration District No. 42 | Primary Registration District No. 1000 | Registrar's No. 757

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Joseph's Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 hrs. (Specify whether
In this community 12 hrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town Easton, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Female Waller.
3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Female | 5. Color or race White | 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 6 (Month) - 11 (Day) - 47 (Year)

8. AGE: Years 0 | Months 0 | Days 0 | If less than one day 1 hr. 30 min.

9. Birthplace St. Joseph, (City, town, or county) Mo (State or foreign country)
10. Usual occupation New born
11. Industry or business

MOTHER · FATHER
12. Name Eldred J. Waller
13. Birthplace Easton, (City, town, or county) Mo (State or foreign country)
14. Maiden name Dorothy Deana Sample
15. Birthplace Amity, (City, town, or county) Mo (State or foreign country)

16. (a) Informant Mrs. Dorothy Waller
(b) Address Easton, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 11, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Hurlinger Mo. St Marys Cemetery
18. (a) Signature of funeral director H.O. Sidenfaden & Son
(b) Address 1802 Union St. St. Joseph Mo.
19. (a) June 19 1947 (Date received local registrar) (b) E C Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 11th
year 1947 hour 7:15 minute a M.
21. I hereby certify that I attended the deceased from 5:45 a.m. 6-11-, 1947 to 7:15 a.m. 6-11, 1947
that I last saw her alive on 6-11-47, 19
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Prematurity	
Due to Placenta Praevia Marginalis	3 HRS
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 59	
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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature M.E. Grimes (M. D. or other)
Address St. Joseph Mo, Date signed 6/11/47

(Licensed Embalmer's Statement on Reverse Side)

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.....

James W. McClanahan ..... Registered Apprentice No. 486

working under my personal supervision.

Signed..... Robert L. Yapel

Licensed Embalmer No. 3308

P. O. Address..... St Joseph, 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.