

**MISSOURI STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

3795  
 Do not use this space.

1. PLACE OF DEATH *Platts*  
 (a) County *Platts* Registration District No. *698*  
 (b) Township *Weston* Primary Registration District No. *4430* Registered No. \_\_\_\_\_  
 (c) City *Weston* (d) Street No. \_\_\_\_\_  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME *Martin Richard Waggoner 256*  
 (a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED *Married*  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Emma Waggoner*  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Apr 20 1874*  
 7. AGE YEARS *63* MONTHS *8* DAYS *5* IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *Restaurant*  
 9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_  
 10. Date deceased last worked at this occupation (month and year) *present from* 11. Total time (years) spent in this occupation *7 yr*  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Falls City Neb*

FATHER 13. NAME \_\_\_\_\_  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

MOTHER 15. MAIDEN NAME \_\_\_\_\_  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *12-25-1937*  
 22. I HEREBY CERTIFY, That I attended deceased from *Dec 24*, 19*37*, to *Dec 25*, 19*37*  
 I last saw him alive on *Dec 25*, 19*37*. Death is said to have occurred on the date stated above, at *3:30 a.m.*  
 The principal cause of death and related causes of importance were as follows:

*Pneumonia, Lobar*  
*Endocarditis, acute*  
*Other contributory causes of importance:*  
*Nephritis, Chronic*  
*Alcoholism*

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_  
 23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_  
 24. Was disease or injury in any way related to occupation of deceased? *No*  
 If so, specify \_\_\_\_\_  
 (Signed) *R J Feeley* M. D. *3*  
 (Address) *Weston, Mo.*

17. INFORMANT (ADDRESS) \_\_\_\_\_  
 18. BURIAL, CREMATION, OR REMOVAL PLACE *Lamb Hill* DATE *Dec 26 37*  
 19. FUNERAL DIRECTOR *J. B. Brill* *Weston Mo.*  
 (ADDRESS) \_\_\_\_\_  
 20. FILED *12/26*, 19*37* *J. B. Brill* Local Registrar. *628*

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION, if any.

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FEB 28 1938

BUREAU OF VITAL STATISTICS  
MO. STATE BOARD OF HEALTH

STATEMENT BY LICENSED EMBALMER

I, J. H. Brill, Licensed Embalmer No. 832  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by J. H. Brill  
L. E. \_\_\_\_\_  
No. \_\_\_\_\_ or by \_\_\_\_\_ Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.  
Signed J. H. Brill  
Licensed Embalmer No. 832

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

3795  
Do not use this space.

1. PLACE OF DEATH *Platte*  
 (a) County..... Registration District No. *698*  
 (b) Township..... Primary Registration District No. *4420* Registered No. ....  
 (c) City *Weston* (d) Street No. .... St. ....  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME *Martin Richard Waggoner*  
 (a) Residence, No. .... St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *m* 4. COLOR OR RACE *w* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *m*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
*63 8 5*

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *12 - 26 - 1937*

22. I HEREBY CERTIFY, That I attended deceased from ..... to ..... 19.....  
 I last saw h. .... alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.  
 The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....  
 What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide?..... Date of injury....., 19.....  
 Where did injury occur?..... (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....  
 If so, specify *R. J. Felling* M.D.  
 (Signed) *Weston mo*  
 (Address)

12. BIRTHPLACE (CITY OR TOWN)..... (STATE OR COUNTRY)

FATHER  
 13. NAME *George Waggoner*  
 14. BIRTHPLACE (CITY OR TOWN)..... (STATE OR COUNTRY)

MOTHER  
 15. MAIDEN NAME *Ellen DeLong*  
 16. BIRTHPLACE (CITY OR TOWN)..... (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) *Mrs M R Waggoner Weston mo*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Laurel Hill* DATE *Dec 26 1937*

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED *JH Dill* 19.....  
 Local Registrar

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW. CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION.

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