

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

25843
Do not use this space.

1. PLACE OF DEATH **DEPT AUG 25 1938**
 (a) County **District** Registration District No. **508**
 (b) Township _____ Primary Registration District No. **5074 301** Registered No. **262**
 (c) City **Chillicothe** (d) Street No. _____
 (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 **Richard H. E. Waller 460**
 (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 **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED **Single**
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Aug. 17-1888**
 7. AGE YEARS **52** MONTHS **11** DAYS **9** If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **none**
 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 _____
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Chariton Mo**
 FATHER 13. NAME **John E. Waller**
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Orange Va**
 MOTHER 15. MAIDEN NAME **Savannah**
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Mo**
 17. INFORMANT **Cathrine Sailor**
 (ADDRESS) **Chillicothe Mo**
 18. BURIAL, CREMATION, OR REMOVAL PLACE **Marceline** DATE **July 25 1938**
 19. FUNERAL DIRECTOR **Jas D. Jordan**
 (ADDRESS) **Chillicothe Mo**
 20. FILED **July 27 1938** **W. M. Dawson**
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July - 26 - 1938**
 22. I HEREBY CERTIFY That I attended deceased from **July 25 1938** to **July 26 1938**
 Last saw him alive on **July 24 1938** Death is said to have occurred on the date stated above, at _____ p.m.
 The principal cause of death and related causes of importance were as follows:
Gastric Ulcer
 Date of onset **1936**
 Other contributory causes of importance: **117 h**
 Name of operation _____ Date of _____
 What test confirmed diagnosis? **Autopsy** Was there an autopsy? **no**
 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) **A. Palmer**, M. D.
 (Address) **Chillicothe Mo**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, Jas D Gordon, Licensed Embalmer No. 1870
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Jas D Gordon

..... L. E.
No. or by, Registered Apprentice No.
working under my personal supervision.

Signed Jas D Gordon
Licensed Embalmer No. 1870

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.)