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.

4 5 2

REC'D DEC 19 1938

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

39429
Do not use this space.

1. PLACE OF DEATH
(a) County: Jasper — Registration District No.: 408
(b) Township: — Primary Registration District No.: 3020 — Registered No.:
(c) City: Carthage — (d) Street No.: McCune-Brooks Hospital 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: Infant son of Virgil and Gretta Waggener
(a) Residence, No.: Carthage MO St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov 5 1938

7. AGE — YEARS: Stillborn — MONTHS: — DAYS: — If LESS than 1 day, ...hrs. or ....min.

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:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Carthage Mo 0

FATHER
13. NAME: Virgil Earl Waggener
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Harrisonville Mo 0

MOTHER
15. MAIDEN NAME: Greta Arline Howe
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Adrian Mo 0

17. INFORMANT: Virgil Earl Waggener
(ADDRESS): Carthage Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Freeman Mo DATE: Nov 6 1938

19. FUNERAL DIRECTOR (NAME): None
(ADDRESS): Disposed of by family

20. FILED Nov. 6, 1938 E. J. McIntire, M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov 5, 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h.... alive on Born dead, 19..... Death is said to have occurred on the date stated above, at 8 P m.
The principal cause of death and related causes of importance were as follows:

Still born — Date of onset
macerated foetus

Other contributory causes of importance:
unknown

Name of operation: None 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) George H. Wood, M. D.
(Address) Carthage Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 6-38-790
Date Filed DEC 16 1938

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.....

Licensed Embalmer No.....

P. O. Address.....

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

If this body is not embalmed, above space should be left blank.