

1859 MAY 18 1939

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

14102  
Do not use this space.

1. PLACE OF DEATH

(a) County Andrew Registration District No. 13  
(b) Township 1 Primary Registration District No. 4010 Registered No. 22  
(c) City Savannah (d) Street No. 8 (If death occurred in Hospital or Institution, write its name instead of street and number) St.  
(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 Thomas Henry Waggoner jr

(a) Residence, No. 104 East Price Ave. 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 (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Julia Ada Waggoner  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 19----1863  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
75 4 20  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Burlington Section Foreman  
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) Cave City (STATE OR COUNTRY) Kentucky

13. NAME Thomas Henry Waggoner sr  
14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Kentucky

15. MAIDEN NAME Ellen Willis  
16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Kentucky

17. INFORMANT Mrs. Julia Ada Waggoner (ADDRESS) Savannah Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Johnston Neb. DATE 4 II, 1939

19. FUNERAL DIRECTOR (NAME) E. C. Breit (ADDRESS) Savannah Mo.

20. FILED Apr. 9, 1939 Jennie Pash Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 9, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 21, 1939, to Apr 9, 1939  
I last saw him alive on Apr 8, 1939. Death is said to have occurred on the date stated above, at 3:35A M.

The principal cause of death and related causes of importance were as follows:

Influenza  
on Broncho Pneumonia

Date of onset  
3/19-39  
4/2-39

Other contributory causes of importance: ///w

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? no 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) J. Hoshor, M. D.

(Address) Savannah 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.

250

EMERALD  
EMERALD

RECEIVED

District Health Officer N

District File Number 11-39

Date Filed MAY 1 1968

**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, .....

E. C. Breit, or by .....

Registered Apprentice No. ...., working under my personal supervision.

Signed *E. C. Breit* .....

Licensed Embalmer No. 2650 .....

P. O. Address Savannah 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, above space should be left blank.