

K. 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.

REC'D OCT 12 1939

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

32849

Do not use this space.

1. PLACE OF DEATH

(a) County Lawrence / Registration District No. 472
(b) Township Vineyard / Primary Registration District No. 55316
(c) City (d) Street No. Registered No.
(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 16 yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

(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 OF RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

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

6. DATE OF BIRTH (MONTH, DAY, YEAR) Aug 20 1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
82 1 4

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lawrence Co. Missouri

FATHER 13. NAME John Waddell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lawrence Co. Mo.

MOTHER 15. MAIDEN NAME Katherine Slawson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lawrence Co. Mo.

17. INFORMANT (ADDRESS) Mrs. E. E. Woodrow La Russell

18. BURIAL, CREMATION, OR REMOVAL Harvey Cemetery Sept 26 39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Pyralagh Funeral Home Searsville, Mo.

20. FILED 10-3 1939 Thos H Powell. H. J. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 24 39

22. HEREBY CERTIFY That I attended deceased from Jan 1 1839 to Sept 24 1939
I last saw him alive on Sept 20 1939. Death is said to have occurred on the date stated above, P.M.
The principal cause of death and related causes of importance were as follows:

Chronic Nephritis

Date of onset

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Lab. 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
(Signed) Leroy Simmons M. D.
(Address) Searsville, Mo.

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.....

.....
working under my personal supervision.

.....
Registered Apprentice No.....

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Geo. B. Orr
946
Mr. Vernon M.

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.