

JAN 13 1940

## STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 399Primary Registration District No. 1002Registrar's No. 4828

## 1. PLACE OF DEATH:

(a) County Jackson  
 (b) City or town Kansas City  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: St. Joseph Hospital /  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 8 days  
 (Specify whether  
 In this community 21 years  
 years, months or days)

3. (a) PRINT FULL NAME WILLARD BROWNING WADDLE

3. (b) If veteran, name war No  
 3. (c) Social Security No. None

4. Sex Male  
 5. Color or race Wh  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Mrs. Mina A. Waddle  
 6. (c) Age of husband or wife if alive 67 years  
 7. Birth date of deceased Feb. 14 1871  
 (Month) (Day) (Year)

8. AGE: Years 68 Months 10 Days 7  
 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Smithfield Ohio  
 (City, town, or county) (State or foreign country)

10. Usual occupation Salesman11. Industry or business Real Estate 912. Name Samuel Waddle

13. Birthplace Ohio  
 (City, town, or county) (State or foreign country)

14. Maiden name Nancy Browning

15. Birthplace No Record  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Mina Waddle(b) Address 1521 East 29th Street

17. (a) Removal (b) Date thereof Dec. 23-39  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial Burlingame, Kansas18. (a) Signature of funeral director J.W. Wagner(b) Address 204 W. Linwood19. (a) Dec. 22, 1939 (b) M. M. Grome

(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri / (b) County Jackson  
 (c) City or town Kansas City  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 1521 East 29th Street  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 21, P  
 year 1939 hour 11 minute 45 M.

21. I hereby certify that I attended the deceased from Dec 12 1939  
 to Dec 21 1939  
 that I last saw him alive on Dec 21 1939  
 and that death occurred on the date and hour stated above.

Immediate cause of death  
Chronic myocarditis & Left Ventricular failure  
 Due to Pulmonary Edema  
 Due to 12/10  
 Other conditions (Include pregnancy within 3 months of death)

Major findings: Appendicitis (Perforated)  
Acute Gangrenous appendicitis  
 Of autopsy: Autopsy was done  
completing.

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? \_\_\_\_\_  
 (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
 23. Signature Thomas A. Kerner (M. D. or other)  
 Address 214 W. Washington St. Date signed \_\_\_\_\_

**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 A. R. Haunschild

Licensed Embalmer No. 4062

P. O. Address K. C. 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.**