

MOISSOURI STATE BOARD OF HEALTH  
AUG 1 1940

STANDARD CERTIFICATE OF DEATH

State File No. 24722  
Registrar's No. 753

Registration District No. 805 Primary Registration District No. 5127

**1. PLACE OF DEATH:**  
(a) County Buchanan  
(b) City or town Rural Washington  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
None - Kirshners' Addition  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution None  
(Specify whether years, months or days)  
In this community 42 years

**8. (a) PRINT FULL NAME** Alexander Felix Waitkoss  
8. (b) If veteran, name war None 3. (c) Social Security No. NONE

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Alice Waitkoss 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Unknown Unknown 1873  
(Month) (Day) (Year)

8. AGE: Years 67 Months - Days - If less than one day hr. min.

9. Birthplace: Unknown Lithuania  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Cattle Butcher

11. Industry or business Morris & Co.

**MOTHER FATHER**  
12. Name Unknown  
13. Birthplace Unknown Unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant MISS ANNA WAITKOSS  
(b) Address P. R. #6 ST. JOSEPH, Mo.

17. (a) Burial (b) Date thereof July 16, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Mt. Olivet Cemetery

18. (a) Signature of funeral director Herman W. Indufalkin  
(b) Address 1802 Union St. St. Joseph, Mo.

19. (a) 7-16-1940 (b) A. J. Westlake  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State Missouri (b) County Buchanan  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. Kirshners addition  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 50 years

**MEDICAL CERTIFICATION**  
20. DATE OF DEATH: Month July day 13th  
year 1940 hour 12 minute 35 A. M.

21. I hereby certify that I attended the deceased from April 10, 1938 to July 13, 1940  
that I last saw him alive on July 13, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy Duration 4 yr  
Due to Chronic Arterial Hypertension 3 1/2 yr  
Chronic Arteriosclerosis 3 1/2 yr

Other conditions (Include pregnancy within 3 months of death) 82 W

Major findings: None PHYSICIAN  
Of operations: None  
Of autopsy: None  
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? 85

While at work? 85 (Specify type of place) (e) Means of injury \_\_\_\_\_

28. Signature A. B. [unclear] (M. D. or other) MD  
Address 500 1/2 S. High St. St. Joseph, Mo. Date signed 7/13/40

WRITE PLAINLY - USE UNFADING BLACK INK - MAKE A PERMANENT RECORD

**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.....

*Elbert C. Harrington*

Licensed Embalmer No. 3258

P. O. Address St. Joseph, 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.**