

2

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

Registration District No. 826 Primary Registration District No. 6087 4499 Registrar's No.

1. PLACE OF DEATH:

(a) County Shelby Co

(b) City or town Bethel
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days) All her life

3. (a) PRINT FULL NAME Matilda Isabelle Waibel

3. (b) If veteran, name war _____ 3. (c) Social Security No. 1121

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

6. (b) Name of husband or wife Louis Waibel 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Aug 17 - 1861
(Month) (Day) (Year)

8. AGE: Years 78 Months 11 Days 1 If less than one day _____ hr. _____ min.

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

10. Usual occupation House wife

11. Industry or business _____

12. Name Joseph Brown

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

14. Maiden name Martha Margaret

15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant Arthur Waibel

(b) Address Assess City Mo

17. (a) Descent (b) Date thereof July 21, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director W. Hawkins

(b) Address Bethel Mo

19. (a) July 20, 1940 (b) Mrs C W Musgrave
(Here received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Shelby

(c) City or town Bethel
(If outside city or town limits, write "RURAL")

(d) Street No. 119 Bethel
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18
year 1940 hour 7 P.M. minute _____ M.

21. I hereby certify that I attended the deceased from April 29, 1940, to July 18, 1940

that I last saw h.e.v. alive on July 16, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis, Hypertension, paralysis
Chronic nephritis

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

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? _____

752 While at work? _____ (Specify type of place) (e) Means of injury 02

28. Signature Howard Dutton (M. D. or other) D.D.
Address Bethel Date signed 7/19/40

Duration 17 1/2 days

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

121
RECEIVED

District Health Officer No. 10

District File Number 8-40-1506

Date Filed AUG. 7. 1940

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.....

C. W. Hawkins

Licensed Embalmer No. 3498

P. O. Address Bethel Mrs

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.

B
40
2639

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26457

Registration District No. 826

Primary Registration District No. 4499

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Shelby

(b) City or town Bethel
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ (Specify whether _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____ (If outside city or town limits write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Matilda Isabel Waibel

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. MARRIAGE CERTIFICATION

20. DATE OF DEATH: Month July day 18 year 1940 hour _____ minute _____ M.

5. Color or race w

6. (a) Single, widowed, married, divorced wid

6. (b) Name of husband or wife _____

6. (c) Age of husband, or wife, if alive _____ year

7. Birth date of deceased: (Month) _____ (Day) _____ (Year) _____

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death myocardial infarction (cardiac hypertension on paralysis cerebral hemorrhage)

8. AGE: Years 78 Months 11 Days 1 If less than one day _____ hr. _____ min.

Due to Choro rephritis

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

Other conditions: (Include pregnancy within 3 months of death) _____

10. Usual occupation _____

Major findings: Of operations _____

11. Industry or business _____

Of autopsy _____

12. Name _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

14. Maiden name _____

15. Birthplace: (City, town, or county) _____ (State or foreign country) _____

16. (a) Informant _____ (b) Address _____

17. (a) _____ (b) Date thereof: (Month) _____ (Day) _____ (Year) _____

(Burial, cremation, or removal) _____

(c) Place: burial or cremation _____

18. (a) Signature of funeral director: _____ (b) Address _____

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 Dr. Howard W. Patton (M. D. or other) D.O.

Address Bethel, Mo. Date signed 9/27/40

USE WRITING BLACK INK—MAKE A PERMANENT RECORD

SUPPLEMENTAL

