

No. 2  
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5-17-39  
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NOV 20 1940

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **35484**

Registration District No. **398**

Primary Registration District No. **3019**

Registrar's No. **264**

1. PLACE OF DEATH:

(a) County **Jackson**  
(b) City or town **Indep. Mo**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution **Indep. Sanatorium**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **1 week**  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Iowa** (b) County **Jackson**  
(c) City or town **Des Moines, Ia**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **1626 Arlingtton**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME **Catherine Patience Waller**

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

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Widow**  
6. (b) Name of husband or wife **Burton H. Waller** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **May 23, 1868**  
(Month) (Day) (Year)

8. AGE: Years **72** Months **5** Days **1** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation **Homemaker**

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **Henry Halliday** 4  
18. Birthplace **England**  
(City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name **Winkovant**  
15. Birthplace **England**  
(City, town, or county) (State or foreign country)

16. (a) Informant **R. B. Waller**  
(b) Address **Des Moines Iowa**

17. (a) **Removal** (b) Date thereof **10-25-40**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Council Bluffs Ia**

18. (a) Signature of funeral director **C. H. Blackburn**  
(b) Address **K. C. Mo**

19. (a) **Oct. 24/40** (b) **J. L. Cook**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **24** ch  
year **1940** hour **7:30** minute **A.M.**

21. I hereby certify that I attended the deceased from **Oct 19**, 19**40** to **Oct 24**, 19**40**  
that I last saw her alive on **Oct 23**, 19**40**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Ellis Coates**

Due to **discretion diet**

Due to **g. d. w.**

Other conditions (Include pregnancy within 3 months of death) **Myocardial Heart Disease**  
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?  
**36** (Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (c) Means of injury \_\_\_\_\_

28. Signature **C. Waller** (M. D. or other) **MD**  
Address **Independence, Mo** Date signed **Oct 24-40**

Duration **12 days**  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

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**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 *J. H. Blackman*  
Licensed Embalmer No. *3639*  
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.**