

S. No. 2
4-13-40
5-17-39
I X23199

NOV 25 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 36502
Registrar's No.

Registration District No. 798 Primary Registration District No. 6041

1. PLACE OF DEATH
(a) County Dall
(b) City or town Nelson
(c) Name of hospital or institution: Nelson
(d) Length of stay: In hospital or institution 10 D
In this community 9 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Saline
(c) City or town Nelson Mo
(e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULLNAME George Freeman Waddell
(b) If veteran, name war _____ (c) Social Security No. 40

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 11 day 17 year 1940 hour 4 minute 30 P.M.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Lucy Waddell 6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased January 24 1868

21. I hereby certify that I attended the deceased from September 1940 to November 17, 1940
that I last saw her alive on November 17, 1940
and that death occurred on the date and hour stated above.

8. AGE: Years 72 Months 9 Days 23 If less than one day _____ hr. _____ min.

Immediate cause of death myocarditis
atherosclerosis
arteriosclerosis
arteriosclerosis
arteriosclerosis
arteriosclerosis
Other conditions 2'
(Include pregnancy within 3 months of death)

9. Birthplace Big Gap Virginia

10. Usual occupation Farmer

11. Industry or business _____
12. Name Charles Waddell
13. Birthplace Virginia
14. Maiden name do not know
15. Birthplace Virginia

16. (a) Informant Mrs George Waddell
(b) Address Nelson Mo

17. (a) Burial (b) Date thereof 11/20/40
(c) Place: burial or cremation Big Rock cemetery

18. (a) Signature of funeral director Mc Laughlin Bros
(b) Address Saline Mo

19. (a) Nov 25 1940 (b) E. A. Griswell

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 7/10

(e) Means of injury _____
23. Signature E. A. Griswell (M. D. or other) _____
Address Saline Mo Date signed 11/18 40

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

MOTHER FATHER

12212

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..... *Robert H. Reed*

Licensed Embalmer No. *3745*

P. O. Address..... *Sedalia 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, fact should be so stated above.