

No. 2  
4-13-40  
5-17-39

37988  
State File No. \_\_\_\_\_  
Registrar's No. 274

FILED DEC 16 1940

Registration District No. 1 Primary Registration District No. 1

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

1. PLACE OF DEATH:  
(a) County Adair  
(b) City or town Kirkville  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
315 N. Main  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community 73 years (Specify whether years, months or days) \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Adair  
(c) City or town Kirkville  
(If outside city or town limits, write "RURAL")  
(d) Street No. 315 N. Main  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Ora Theodore Waddill  
(b) If veteran, name war \_\_\_\_\_ (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Nancy Lillian 6. (c) Age of husband or wife if alive 68 years  
7. Birth date of deceased April 9 1867  
(Month) (Day) (Year)

8. AGE: Years 73 Months 7 Days 13 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Day Laborer

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

12. Name Jacob F. Waddill

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

14. Maiden name Mary Adkins

15. Birthplace Adair Co., Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Nancy Waddill

(b) Address Kirkville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-24-40  
(Month) (Day) (Year)

(c) Place: burial or cremation Bethel Cemetery

18. (a) Signature of funeral director Dee Riley

(b) Address Kirkville, Mo.

19. (a) Nov. 25/40 (Date received local registrar) (b) Spencer L. Freeman (Registrar's signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Nov. day 22 year 1940 hour 10:30 minute \_\_\_\_\_ P. M.  
21. I hereby certify that I attended the deceased from Nov. 5th to Nov. 22nd, 1940  
that I last saw h. in Nov. 7th, 1940 alive on \_\_\_\_\_ and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage  
Other conditions Had carcinoma of jaw removed by caustic several yrs ago. Apparently cured.  
(Include pregnancy within 3 months of death)

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
Major findings: \_\_\_\_\_  
Of operation \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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)  
Means of injury \_\_\_\_\_

23. Signature Spencer L. Freeman (M. D. or other) \_\_\_\_\_  
Address Kirkville, Mo. Date signed 11/22/40

RECEIVED

District Health Officer No. 10

District File Number 12-40-2336

Date Filed DEC 14 1940

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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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**