

Registration District No. 591

Primary Registration District No. 5989

Registrar's No. 13

I. PLACE OF DEATH:

(a) County Montgomery Mo.
(b) City or town Rural, Prairie township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: H&H
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 8 yrs. 3 mo. (Specify whether years, months or days)

3. (a) PRINT FULL NAME Lillie Mae Waites

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

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

6. (b) Name of husband or wife husband Omulouis M. Waites 6. (c) Age of husband or wife if alive 7" years

7. Birth date of deceased Feb. 5, 1900
(Month) (Day) (Year)

8. AGE: Years 40 Months 10 Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Jas. N. Kackley
13. Birthplace Dione, Ill.
(City, town, or county) (State or foreign country)
14. Maiden name Flora Masney
15. Birthplace Dione, Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Jas. N. Kackley
(b) Address 407, Jefferson St. Warrensburg

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/7/1940
(Month) (Day) (Year)
(c) Place: burial or cremation Olney Cemetry, Olney, Mo.

18. (a) Signature of funeral director W. R. Vannum
(b) Address Silaf Mo.

19. (a) Dec 11 1940 (b) Seah Rugg
(Date received local registrar) (Registrar's signature)

II. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Montgomery
(c) City or town rural
(If outside city or town limits, write "RURAL")
(d) Street No. Prarie township, Montgomery Co.
(If rural, give location)
(e) If foreign born, how long in U. S. A? # years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 5 - 1940
year 1940 hour 1 minute 2 M.

21. I hereby certify that I attended the deceased from Dec 3, 1940 to Dec 5, 1940
that I last saw her alive on Dec 4 - 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Peritonitis crinial
Perherton abdominal
Due to by Mrs. Adilbert
Due to crinial
abortion

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

Major findings: Of operations _____
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? _____

23. Signature W. R. Vannum (M. D. or other) _____
Address Olney Mo (Specify type of place) (e) Means of injury _____

23. Signature Seah Rugg (M. D. or other) _____
Address _____ Date signed Dec 6 1940

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 me
_____, Registered Apprentice No. _____
working under my personal supervision.

Signed W. R. Vainland

Licensed Embalmer No. 2251

P. O. Address Siles, 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.