

Registration District No. 207Primary Registration District No. 4125-Registrar's No. 29-J

1. PLACE OF DEATH:

(a) County Clinton
 (b) City or town Plattsburg Missouri
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether _____)
 In this community Two Years (Specify whether _____)
 years, months or days

3. (a) PRINT FULL NAME Mary Helen Waldeck

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 married
 6. (b) Name of husband or wife Daniel D. Waldeck 6. (c) Age of husband or wife if alive 77 years
 7. Birth date of deceased Sept 29 1864
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 3 19 hr. _____ min.

9. Birthplace Pennsylvania
(City, town, or county) (State or foreign country)10. Usual occupation House wife

11. Industry or business _____

MOTHER FATHER
 12. Name Edwin Artz
 13. Birthplace Pennsylvania
 (City, town, or county) (State or foreign country)
 14. Maiden name Mary helen Dixon
 15. Birthplace Maryland
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Ernest Seacore(b) Address Plattsburg Missouri17. (a) Burial (b) Date thereof Jan 21 41
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Plattsburg Missouri18. (a) Signature of funeral director Clarence Lyon(b) Address Plattsburg Missouri19. (a) Jan 21 '41 (b) Bernice Chastain
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clinton
 (c) City or town Plattsburg
 (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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 18
year 1941 hour 7 minute 5 P.M.21. I hereby certify that I attended the deceased from Jan 1 - 21
_____, 1941, to Jan 18, 1941.
that I last saw her alive on Jan 18, 1941,
and that death occurred on the date and hour stated above.Immediate cause of death Coronary Thrombosis Duration 30 Sec.Due to myocarditis 2 MoDue to _____
Other conditions (Include pregnancy within 3 months of death) 92 hrs

PHYSICIAN
 Major findings:
 Of operations _____
 Of autopsy _____
 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? no
 _____ (Specify type of place)
 While at work? _____ (e) Means of injury _____

23. Signature Mrs. Chastain (M. D. or other) _____
Address Plattsburg Mo Date signed Jan 20

Est.
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.....

Carroll D. Lyon

Licensed Embalmer No. **3640**

P. O. Address **Plattsburg, Missouri**

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.