

FILED JAN 20 1942

Registration District No. _____

Primary Registration District No. 3010

Registrar's No. 6

1. PLACE OF DEATH:

(a) County Carroll
 (b) City or town Carrollton, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: South Side Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether _____)
 In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Carroll
 (c) City or town Carrollton Mo.
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location) _____
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Infant son of Oren Waddill

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Child
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years (Month) (Day) (Year)
 7. Birth date of deceased 12-14-1941

8. AGE:	Years	Months	Days	If less than one day
				<u>14</u> hr. _____ min.

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

10. Usual occupation child

11. Industry or business _____

12. Name Oren D. Waddill

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

14. Maiden name Elinor Pauline

15. Birthplace Norton R.F.D. Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Oren D. Waddill

(b) Address Carrollton Mo.

17. (a) Burial (b) Date thereof 12-15-41 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mr. Oliver

18. (a) Signature of funeral director Willis Marshall

(b) Address Carrollton Mo.

19. (a) 12-15-41 (b) Mrs. James R. Rafferty (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 15 year 1941 hour 1 minute 30 A.M.

21. I hereby certify that I attended the deceased from December 14, 1941, to December 15, 1941; that I last saw him alive on December 15, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Premature Birth

Due to _____

Due to _____

Other conditions (Include pregnancy within 5 months of death) 159

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature John H. Plath M.D. (M. D. or other) _____

Address Carrollton, Missouri Date signed 12/15/41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

1653

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 1-16-42

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 myself.....

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

Signed R. M. Marshall.....

Licensed Embalmer No. 28-28-.....

P. O. Address Carroll, 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.