

S. No. 2
I-9-4-41
5-17-39
X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

23652

State File No.

Registrar's No. 2795

Registration District No. 399

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
5406 Forest Avenue
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 5 Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 5406 Forest
(If rural, give location)

(e) Citizen of foreign country? NO. (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME George M. WADDELL

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 19th
year 1942 hour 3:30 minute PM M.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Mrs Margaret Waddell

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased December 16, 1862
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 5 1942 to July 19 1942
that I last saw him alive on July 19 1942
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>79</u>	<u>7</u>	<u>3</u>	_____ hr. _____ min.

Immediate cause of death Pneumococci Pneumonia

Duration 10da.

9. Birthplace Logan Co., Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Spec. Representative

Due to 108

Due to _____

11. Industry or business Wholesale Impliments Mfg.

12. Name Thomas W. Waddell

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

14. Maiden name Elizabeth Norris

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

Underlying conditions Hypertrophied Prostate
(Include pregnancy within 5 months of death)

16. (a) Informant T.J. Ross Waddell, Son

(b) Address 6133 Oak, K.C. Mo.

17. (a) Burial (b) Date thereof 7/21/42.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

Major findings: _____

Of operations _____

Of autopsy _____

18. (a) Signature of funeral director Melody-McGilley

(b) Address K. C. Mo.

19. (a) 7-22-42 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

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 J. Stanley Stewart (M. D. or other) D.M.O.

Address 424 Professional Date signed 7-22-42

561 (Licensed Embalmer's Statement on Reverse Side)

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

22303

Dr. F. Stan. Morest

Dr.

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.....

Dr. F. Stan. Morest

Licensed Embalmer No.....

2999

P. O. Address.....

KC

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.