

FILED FEB 5 1943

Registration District No. _____

Primary Registration District No. 4555

Registrar's No. 8

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

1. PLACE OF DEATH:
(a) County Davies
(b) City or town Cossey
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community entire life (Specify whether years, months or days)

3. (a) PRINT FULL NAME Stella B Waters

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

4. Sex Female 5. Color or race w
6. (a) Single, widowed, married 2 divorced. Widowed

6. (b) Name of husband or wife Davis Waters (decd) 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov 25 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 1 14 hr. _____ min.

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

10. Usual occupation House wife

11. Industry or business _____

12. Name David Heath

13. Birthplace not known
(City, town, or county) (State or foreign country)

14. Maiden name Jane Kerr

15. Birthplace not known
(City, town, or county) (State or foreign country)

16. (a) Informant D. F. Waters
(b) Address Cossey Mo

17. (a) Burial (b) Date thereof Jan 11 - 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cossey

18. (a) Signature of funeral director [Signature]
(b) Address Pattersonville Mo
19. (a) 1-29-1943 (b) S. A. Fishman
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Davies
(c) City or town Cossey
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 9
year 1943 hour 5:30 minute 0 P. M.

21. I hereby certify that I attended the deceased from Called
Dr. L. J. P. Jan 9 1943 to _____ 19____
that I last saw her alive on Jan 9 1943
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Cerebral Hemorrhage.

Due to _____
Hypertension.

Other conditions _____
(Include pregnancy within 3 months of death) 1/3a

Major findings:
Of operations _____
Of autopsy _____

Duration
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 [Signature] (M. D. or other)
Address Pattersonville Mo Date signed Jan 17 1943

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.....

G. L. Brown

Licensed Embalmer No. *2857*

P. O. Address *Pattersonburg 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.