

D. E. S. Files 6397

State File No.

FILED MAR 6 1943

Registration District No. 378

Primary Registration District No. 2000

Registrar's No. 180

1. PLACE OF DEATH: **GREENE**

(a) County.....**Greene**

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

(c) Name of hospital or institution:
780 S. Weller /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....**None**
(Specify whether)

In this community.....**25 years**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State.....**Missouri** (b) County.....**Greene**

(c) City or town.....**Springfield,**
(If outside city or town limits, write "RURAL")

(d) Street No.....**780 S. Weller**
(If rural, give location)

(e) Citizen of foreign country?.....
If yes, name country.....

3. (a) PRINT FULL NAME.....**Bert K. Waits**

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

4. Sex.....**Male** 5. Color or race.....**White** 6. (a) Single, widowed, married, divorced.....**Married**

6. (b) Name of husband or wife.....**Jewell J. Waits** 6. (c) Age of husband or wife if alive.....**Unknown** years

7. Birth date of deceased.....**January 26, 1891**
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|-----------|----------------------|
| | 52 | 0 | 28 | hr. min. |

9. Birthplace.....**Springfield, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation.....**Secretary**

11. Industry or business.....**Supply Company.**

12. Name.....**Charles W. Waits**

13. Birthplace.....**Unknown Unknown 9**
(City, town, or county) (State or foreign country)

14. Maiden name.....**Lillian Jeffries**

15. Birthplace.....**Unknown Unknown 9**
(City, town, or county) (State or foreign country)

16. (a) Informant.....**Mrs. Bert K. Waits**

(b) Address.....**Springfield, Missouri**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof.....**Feb. 26, 1943**
(Month) (Day) (Year)

(c) Place: burial or cremation.....**Maple Park Cemetery**

18. (a) Signature of funeral director.....**Alma Lohmeyer Funeral Home**

(b) Address.....**Springfield, Missouri**

19. (a) **2-26-43** (Date received local registrar) (b) *D. E. S. Files* (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month.....**February** day.....**24th,**
year.....**1943** hour.....**11:45** minute.....**P.** M.

21. I hereby certify that I attended the deceased from.....**Nov. 1939**
.....**19** to.....**Feb. 24**.....**1943**
that I last saw him alive on.....**Feb. 24**.....**1943;**
and that death occurred on the date and hour stated above.

Immediate cause of death.....**Acute Coronary Occlusion** 1 hr.

Due to.....**Arteriosclerotic Heart Disease** 11 yrs.

Due to.....

Other conditions.....**930**
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....**none**

Of autopsy.....**none**

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?
(Specify type of place)

While at work?.....
(Specify type of place)

23. Signature.....**D. E. S. Files** (M. D. or other)

Address.....**Springfield, Mo.** Date signed.....

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

39
2
6

984

(Licensed Embalmer's Statement on Reverse Side)

2017 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

Harlow Knabb

Licensed Embalmer No.

4065

P. O. Address

Springfield, 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.