

FILED MAY 7 1943

Primary Registration District No. 4126

Registrar's No. 90

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

1. PLACE OF DEATH:

(a) County Clark, Wyaconda, Mo  
(b) City or town \_\_\_\_\_  
(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 \_\_\_\_\_  
In this community \_\_\_\_\_  
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Clark  
(c) City or town Wyaconda  
(d) Street No. \_\_\_\_\_  
(e) Citizen of foreign country? no  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME LUCY J. WATERS

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 C. M. Waters 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased April 21 1875  
(Month) (Day) (Year)

8. AGE: Years 67 Months 11 Days 20 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation House wife

11. Industry or business

12. Name Henry Everard  
13. Birthplace point know?  
14. Maiden name Mary Bowman  
15. Birthplace point know?

16. (a) Informant C. M. Waters  
(b) Address Wyaconda, Mo

17. (a) Burial (b) Date thereof Apr. 12 1943  
(c) Place: burial or cremation Wyaconda Cemetery

18. (a) Signature of funeral director Wyaconda, Mo  
(b) Address \_\_\_\_\_

19. (a) 4-20-43 (b) Perry J. Barton  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 11  
year 43 hour 12 minute 30 P. M.

21. I hereby certify that I attended the deceased from Jan 25 1934 to April 11 1943  
that I last saw her alive on April 11 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic Pneumonia few hours  
Taralysis Agitans.

Other conditions (Include pregnancy within 3 months of death) JTC

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 B. F. Hutchinson, D.O.  
Address Wyaconda, Mo Date Apr 20 43

MAY 26 1949

RECEIVED

District Health Officer No. 10

District File Number 5-43-783

Date Filed MAY 5 1949

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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.....

Licensed Embalmer No.....

P. O. Address.....

**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.