

14064

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FD MAY 1943
Registered District No. 7073

Primary Registration District No. 5291

Registrar's No. 30

1. PLACE OF DEATH:

(a) County Clay

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

(c) Name of hospital or institution:
P. O. O. F. Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution July 2 - 1943
(Specify, whether

In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Clay

(c) City or town Leasburg, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME FANNIE M. WAGY

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

3. (c) Social Security _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 8th
year 1943 hour 10 minute 75 A.M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widow

6. (b) Name of husband or wife Frank Waggy 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased _____ (Month) _____ (Day) _____ (Year)

21. I hereby certify that I attended the deceased from March, 1942 to April, 1943; that I last saw her alive on April 8, 1943; and that death occurred on the date and hour stated above.

8. AGE: Years 69 Months 1 Days 7 If less than one day _____ hr. _____ min.

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

Immediate cause of death Fernicious Anemia

Due to _____

Due to _____

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name P. T. Sawyer

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

14. Maiden name Georgia Cook

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

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature Raymond Waggy

(b) Address Liberty Mo

17. (a) Burial (b) Date thereof 24 10 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairview Cemetery Liberty

18. (a) Signature of funeral director Wessley Jay

(b) Address Leasburg Mo

19. (a) April 12 43 (b) Helen Early
(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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

28. Signature Burt Halthby M.D. (M. D. or other)
Address Liberty Mo Date signed 4-12-43

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

Rev. 5-17-39

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 4-12-43

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 Leonard Fay

Licensed Embalmer No. 1677

P. O. Address Kearney 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, above space should be left blank.