

FILED AUG 5 1943

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

24480

Do not use this space.

## 1. PLACE OF DEATH

(a) County Buchanan Registration District No. 42  
 (b) Township \_\_\_\_\_ Primary Registration District No. 1000 Registered No. 80911  
 (c) City St. Joseph (d) Street No. 157 St. Joseph Hospital -St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

(a) Residence, No. 719 Hamburg Ave St. Joseph, Mo. (Usual place of abode, if no street address, write county of city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Madelyn Waters

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb-17-1912

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
31      4      4

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farm Laborer  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gower Mo

FATHER 13. NAME Charles Waters  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bates Ill

MOTHER 15. MAIDEN NAME Byrda Harris  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gower Mo

17. INFORMANT (ADDRESS) Mrs. Chas Waters Amazonia Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Savannah Mo DATE June-25-43

19. FUNERAL DIRECTOR (ADDRESS) J. Fred Gehring Savannah Mo

20. FILED 6-25, 1943 Rose Hezoy Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 23, 1943

22. I HEREBY CERTIFY, That I attended deceased from May 22, 1943, to June 23, 1943  
 I last saw him alive on June 23, 1943. Death is said to have occurred on the date stated above, at 2:30 p.m.  
 The principal cause of death and related causes of importance were as follows:

Toxic Thyroid

Other contributory causes of importance: 63 lb

Name of operation Thyroidectomy Date of 6-22-43  
 What test confirmed diagnosis Chemical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide?  Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury   
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased?   
 If so, specify \_\_\_\_\_  
 (Signed) Walter A. Key, M. D.  
 (Address) 157 St. Joseph Mo

6-24-43

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

50M-7-10-43 X-122004

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.

STATEMENT BY LICENSED EMBALMER

I, Fred Terhune, Licensed Embalmer No. \_\_\_\_\_

hereby certify that the body recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_

\_\_\_\_\_ L. E. \_\_\_\_\_

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Fred Terhune

Sapientia Licensed Embalmer No. 1279

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.)