S. No. 2
M—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 16 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 2268

Registration District No. 121 Primary Registration District No. [redacted] 5452 Registrar's No. 46

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Ash Grove Missouri R1
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Rural North Boone township
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no (Specify whether
In this community over 25 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

(c) City or town Ash Grove Missouri R1
(If outside city or town limits, write "RURAL")

(d) Street No. Rural North Boone township
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Martin Monroe Waddle

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Martha Beal

6. (c) Age of husband or wife if alive — years

7. Birth date of deceased February (Month) 20 (Day) 1858 (Year)

8. AGE: Years 86 Months 9 Days 25 If less than one day ___ hr. ___ min.

9. Birthplace (City, town, or county) (State or foreign country) 7 9

10. Usual occupation Farmer (Retired)

11. Industry or business General Stock & Grain farmer

FATHER
12. Name David Waddle
13. Birthplace (City, town, or county) (State or foreign country) Ky 1

MOTHER
14. Maiden name Margaret Raging
15. Birthplace (City, town, or county) (State or foreign country) Ky 1

16. (a) Informant Mrs. Ted Stanton
(b) Address Ash Grove Mo R1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 17-1944 (Month) (Day) (Year)
(c) Place: burial or cremation Kelley Cemetery

18. (a) Signature of funeral director Eric A. Brown
(b) Address Walnut Grove, Mo

19. (a) 12/16/1944 (Date received local registrar) (b) J. W. Birch (Registrar's signature)

1254

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 15 year 1944 hour 1:20 minute P. M.

21. I hereby certify that I attended the deceased from ___, 19__, to 12-15-, 1944 that I last saw him alive on Dec - 10th, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Occlusion	5 min.
Due to: Coronary Disease History of for	3 mo.
Due to:	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

94a

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Dr Charles H Orr (M. D. or other)
Address Ash Grove - Mo — Date signed 12/15/44

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Greene County Health Office,
County File Number 45-1-7
Date Filed 1/13/45

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 Gene A. Prim

Licensed Embalmer No. 2664

P. O. Address Walnut Grove 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.