

FILED JAN 14 1946 STANDARD CERTIFICATE OF DEATH

State File No. 42590

Registration District No. 324

Primary Registration District No. 3072

Registrar's No. 182

1. PLACE OF DEATH:

(a) County Saline
(b) City or town Marshall
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
317 East North St. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community Since 1905.
years, months or days

3. (a) PRINT FULL NAME Grover Cleveland Waters

3. (b) If veteran, name war
3. (c) Social Security No. None

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

6. (b) Name of husband or wife Iva Hahn Waters
6. (c) Age of husband or wife if alive 5th, 1883 years

7. Birth date of deceased January 5th, 1883
(Month) (Day) (Year)

8. AGE: Years 62 Months IO Days II
If less than one day hr. min.

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

10. Usual occupation Druggist & Farmer

11. Industry or business

12. Name Dr. Joseph C. Waters

13. Birthplace Boone County Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Anna Harper

15. Birthplace Livingston County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant George Waters

(b) Address Marshall Mo.

17. (a) Burial (b) Date thereof Dec. 6, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ridge Park cemetery

18. (a) Signature of funeral director Campbell

(b) Address Marshall, Mo.

19. (a) 12-18-45 (b) No. T. Wehler
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline 97
(c) City or town Marshall 1
(If outside city or town limits, write "RURAL")
(d) Street No. 317 East North St. 2
(If rural, give location) 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 4
year 1945 hour 4 minute 30 M.

21. I hereby certify that I attended the deceased from 12-4 1945 to 12-4 1945
that I last saw him alive on 12-4 1945
and that death occurred on the date and hour stated above.

Immediate cause of death

Coronary occlusion (3 hrs) immediate

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) No

(b) Date of occurrence

(c) Where did injury occur? No

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(e) Means of injury

23. Signature Ross (M. D. or other)

Address Marshall Mo. Date signed 12-5-45

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 7-11-46

APR 10 1946

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 W. Campbell Jr.

Licensed Embalmer No. 3469

P. O. Address Marshall, 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.