

FILED FEB 20 1946

Primary Registration District No. 5568

Registrar's No. 30

1. PLACE OF DEATH
Jackson
(a) County Jackson
(b) City or town Rural Blue Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
118 So. Ruttig /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 25 years
(Specify whether years, months or days)
In this community 25 years

3. (a) PRINT FULL NAME MAE WATERS
(b) If veteran, name war none
(c) Social Security No. none

4. Sex Female / 5. Color or race white
6. (a) Single, widowed, married, divorced, widowed
(b) Name of husband or wife Joseph P. Waters
(c) Age of husband or wife if alive 1878
7. Birth date of deceased February
(Month) (Day) (Year)

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

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

10. Usual occupation Housewife

11. Industry or business Unknown

12. Name _____
13. Birthplace _____
(City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant J.C. Waters
(b) Address Newton Kansas

17. (a) Burial (b) Date thereof 1-30-1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Washington Cemetery
Geo. C. Carson Funeral Home

18. (a) Signature of funeral director Independence Missouri
(b) Address _____

19. (a) 1-29-46 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
Missouri Jackson 48
(a) State (b) County
(c) City or town Fairmount Station K.C.
(If outside city or town limits, write "RURAL")
(d) Street No. 118 So. Ruttig
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan. day 28
year 1946 hour 11 minute 30 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him Deputy Coroner and that death occurred Coroner and hour _____
Immediate cause of death Coronary Arteriosclerosis
Duration _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 946
Of autopsy _____

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?

23. Signature A. E. Usher (M. D. or other) [Signature]
Address 2800 Main Day _____
R.O. Mo

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

5029

MAR 8 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 *Raymond M. Martin*
Licensed Embalmer No. *4150*
P. O. Address *Indep. 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.