

FILED JUN 13 1946

Registration District No. **149**

Primary Registration District No. **1002**

1. PLACE OF DEATH:
(a) County **Jackson**
(b) City or town **KC mo**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St Mary's Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **3 days 5 min**
In this community **3 days 5 min** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **mo** (b) County **Jackson**
(c) City or town **KC**
(If outside city or town limits, write "RURAL")
(d) Street No. **612 E-47th**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Mathew Robert Waddell**
3. (b) If veteran, **no** 3. (c) Social Security name war **no** No. **none**

4. Sex **male** 5. Color or race **W**
6. (a) Single, widowed, married, divorced **W.B.**
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **5-19-46**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
- - 3 - hr. **5** min.

9. Birthplace **KC mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **W.B.**

11. Industry or business **W.B.**

12. Name **Milford R. Waddell**

13. Birthplace **Edgerton Kans**
(City, town, or county) (State or foreign country)

14. Maiden name **Mabel A. Northcutt**

15. Birthplace **Lusorn mo**
(City, town, or county) (State or foreign country)

16. (a) Informant **father**

(b) Address **612 E-47th KC mo**

17. (a) **Removal** (b) Date thereof **5-23-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Edgerton, Kansas**

18. (a) Signature of funeral director **Freeman Mortuary**

(b) Address **Kansas City, Mo.**

19. (a) **5-22-46** (b) **Geraldine Holmes**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **22**
year **1946** hour **8** minute **50 am**

21. I hereby certify that I attended the deceased from **5-19-46** to **5-22-46**
that I last saw him alive on **5-22-46**
and that death occurred on the date and hour stated above.

Immediate cause of death **Congenital atelectasis -** Duration **3 days**

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) **161a**

Major findings: Of operations _____

Of autopsy **atelectasis complete on Rt. Portals on left.**

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 _____
Signature **Stewart Waddell** (M. D. or other) **161a**
Address **229 Plain Field** Date signed **5/22/46**

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

MOTHER FATHER

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 Walter H. Erwin

Licensed Embalmer No. 4352

P. O. Address Kansas City, 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.