

FILED AUG 22 1946

Registration District No.

Primary Registration District No. 3000

Registrar's No. 226

1. PLACE OF DEATH:

(a) County Adair  
(b) City or town Kirksville  
(c) Name of hospital or institution: Stickler Hosp  
(d) Length of stay: In hospital or institution 12 hrs  
In this community 12 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Adair  
(c) City or town Kirksville  
(d) Street No. Stickler Hosp  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 6  
year 1946 hour 1 minute 30 P. M.

21. I hereby certify that I attended the deceased from Aug 6  
am 1946 to Aug 6 Pm, 1946;  
that I last saw her alive on Aug 6, 1946;  
and that death occurred on the date and hour stated above.

Immediate cause of death Premature - 6 mos.  
atelectasis.

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy 159

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

While at work? \_\_\_\_\_ (Specify type of place)  
(d) Means of injury U  
23. Signature Robt. Strickler (M. D. or other MD)  
Address Kirksville Mo Date signed 8-7-46

3. (a) PRINT FULL NAME

Waddel

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex male 5. Color of race white 6. (a) Single, widowed, married, divorced \_\_\_\_\_

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive 6 years

7. Birth date of deceased: Aug (Month) 6 (Day) 1946 (Year)

8. AGE: Years: 0 Months: 9 Days: 0 If less than one day 12 hr. \_\_\_\_\_ min.

9. Birthplace: Kirksville Mo (City, town, or county) (State or foreign country)

10. Usual occupation infant

11. Industry or business \_\_\_\_\_

12. Name [REDACTED]

13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

14. Maiden name Mary Waddel

15. Birthplace Adair Mo (City, town, or county) (State or foreign country)

16. (a) Informant Mary Waddel

(b) Address Kirksville Mo

17. (a) Buried (b) Date thereof 8-7-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Park

18. (a) Signature of funeral director Robt. Strickler

(b) Address Kirksville Mo

19. (a) 8-7-46 (b) Note Lambert  
(Date received local registrar) (Registrar's signature)

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

23000

RECEIVED  
District Health Officer No. 10  
District File Number 8-46-1593  
Date Filed AUG 21 1946

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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, above space should be left blank.**