

FILED DEC 23 1946

Primary Registration District No. 3040

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

1. PLACE OF DEATH:

(a) County Livingston

(b) City or town Chillicothe
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Chillicothe Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 20 days
(Specify whether years, months or days)

In this community 5 weeks

3. (a) PRINT FULL NAME Arminta McWaid

3. (b) If veteran, name war _____ 3. (c) Social Security No. No

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

6. (b) Name of husband or wife Arthur McWaid 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased February 15 1876
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>70</u>	<u>9</u>	<u>16</u>	hr. _____ min.

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

10. Usual occupation At Home

11. Industry or business _____

12. Name Shields

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

14. Maiden name Unknown

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

16. (a) Informant Earl Frasher

(b) Address Chillicothe, Mo.

17. (a) Burial (b) Date thereof 12-3-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Honey Creek Cemetery

18. (a) Signature of funeral director Norman Funeral Home

(b) Address Chillicothe, Mo.

19. (a) Dec 3-46 (b) Frances B. Neale
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston

(c) City or town Chillicothe
(If outside city or town limits, write "RURAL")

(d) Street No. 233 Herriman
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 1st
year 1946 hour 9 minute 30 A. M.

21. I hereby certify that I attended the deceased from Nov 11
2 to Dec 1 1946
that I last saw her alive on Nov 30 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Bright Disease Duration 1 year

Due to Hypertension & Nephritis ?

Due to Diabetes Mellitus ?

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations X
Of autopsy X

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? _____

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

23. Signature F. P. Brennan (M. D. or other) _____
Address Chillicothe, Mo Date signed 12/3/46

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 Elton J. Norman
Licensed Embalmer No. 4036
P. O. Address Chillicothe, 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.