

FILED MAR 25 1947
Registration District No. **386**

Primary Registration District No. **5-199**

Registrar's No. **7**

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

1. PLACE OF DEATH:
 (a) County **CARROLL**
 (b) City or town **Bogard Mo. R.F.D.**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **Van Horn Hosp.**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community **ALL her LIFE** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **CARROLL**
 (c) City or town **Bogard, Mo.**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **RURAL** (If rural, give location)
 (e) Citizen of foreign country? **No.** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **CATHARINE MARGARET WAITMAN**
3. (b) If veteran, name war
3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **FEB** day **15**
 year **1947** hour _____ minute **1:00** A.M.
21. I hereby certify that I attended the deceased from **Feb 15**
 _____, 1947, to **Feb 15**, 1947;
 that I last saw her alive on **Feb 15**, 1947;
 and that death occurred on the date and hour stated above.

4. Sex **FEMALE** **5. Color or race** **WHITE**
6. (a) Single, widowed, married, divorced **MARRIED**
6. (b) Name of husband or wife **WILLIAM WAITMAN**
6. (c) Age of husband or wife **76** years
7. Birth date of deceased **JAN 20 1866**
 (Month) (Day) (Year)

Immediate cause of death **CARDIAC FAILURE** **6 mos.**
 Due to **Senility**
 Due to _____

8. AGE: Years **81** Months **0** Days **25**
 If less than one day _____ hr. _____ min.

Other conditions (include pregnancy within 3 months of death)
 Major findings: Of operations _____
 Of autopsy **162B**

9. Birthplace **Missouri** (City, town, or county) (State or foreign country)
10. Usual occupation **HOUSE KEEPER**

11. Industry or business
12. Name **John Horkina**
13. Birthplace **Germany** (City, town, or county) (State or foreign country)
14. Maiden name **REKEMAN**
15. Birthplace **Germany** (City, town, or county) (State or foreign country)

PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant **William Waitman**
(b) Address **Bogard, Mo. R.F.D.**
17. (a) BURIAL (b) Date thereof **2-16-47**
 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **VAN HORN**

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? _____

18. (a) Signature of funeral director **E. A. Dinsmore**
(b) Address **Bogard, Mo.**
19. (a) 2-15-1947 (b) **Eunice Street**
 (Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
 (e) Means of injury **2**
23. Signature **R. W. Matheny** (M.D. or other) **P.O.**
Address **Luna, Missouri** **Date signed** **2-15-47**

RECEIVED

District Health Officer No. G.

District File Number:

Date Filed

3-22-47

APR 5 1947

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

E. A. Linn

Licensed Embalmer No.

2534

P. O. Address

Boyd, 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.