V. S. No. 2
00M—5-43
Rev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 17 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 12915

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 90

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1. PLACE OF DEATH:

(a) County 727 Cole

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

(c) Name of hospital or institution: 729 Mulberry 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution — (Specify whether
In this community 60 years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole 26

(c) City or town Jefferson City 5
(If outside city or town limits, write "RURAL")

(d) Street No. 729 Mulberry St 4
(If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No)

If yes, name country —

3. (a) PRINT FULL NAME James Waters

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Male 0

5. Color or race white

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife ✓

6. (c) Age of husband or wife if alive — years

7. Birth date of deceased May (Month) 5 (Day) 1856 (Year)

8. AGE: Years 90 Months 10 Days 29 If less than one day hr. — min.

9. Birthplace Ohioville (City, town, or county) Ohio (State or foreign country)

10. Usual occupation Farmer

11. Industry or business —

FATHER
12. Name Unknown
13. Birthplace Unknown 9 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown 9 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Ben Moreland
(b) Address 729 Mulberry

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4 (Month) 6 (Day) 1947 (Year)
(c) Place: burial ~~or cremation~~ Mt Pleasant Cem Callaway

18. (a) Signature of funeral director James Sewell
(b) Address 7 W Jefferson

19. (a) 4-8-47 (Date received local registrar) (b) R. P. Dorris MD (Registrar's signature) NR

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4th year 1947 hour 11 minute 30 A M.

21. I hereby certify that I attended the deceased from November 16th, 1946, to April 4th, 1947; that I last saw him alive on April 5th, 1947, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Arteriosclerotic myocarditis	
Due to	
Due to	
Other conditions ✓ (Include pregnancy within 3 months of death)	

Major findings:
Of operations ✓
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? ✓ (Specify type of place)

6. While at work? ✓ (e) Means of injury 0

23. Signature James Stewart (M. D. ~~or other~~)

Address 626 Jefferson W Date signed 4-8-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed APR 21 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.....

Licensed Embalmer No. 03641

P. O. Address Jerro

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.