

U.S. No. 2
FORM-543
Rev. 5-17-39
I X38671

FILED APR 17 1947
Registration District No. 107

Primary Registration District No. 20795422

Registrar's No. 167

1. PLACE OF DEATH:

(a) County Dunklin

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

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

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Oklahoma (b) County Dunklin

(c) City or town Stradford Okla. (Rural)
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Henry Waddle

3. (b) If veteran, name war _____

3. (c) Social Security No. None

4. Sex Male 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 April 1st 1870
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
76	11	29	hr. _____ min.

9. Birthplace Stone County Ark
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

MOTHER FATHER { 12. Name Unknown 9

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

14. Maiden name Unknown 9

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

16. (a) Informant Luther E. Brown

(b) Address Malden Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-5-47
(Month) (Day) (Year)

(c) Place: burial or cremation Stradford Oklahoma

18. (a) Signature of funeral director Lenta service

(b) Address Kennett Mo.

19. (a) 3-31-1947 (Date received local registrar)

(b) Earl H. Harkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 31st
year 1947 hour 2 minute 30 M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
<u>Heart failure</u>	
Due to <u>Coronary Occlusion</u>	
<u>died on Bus enroute to</u>	
Due to <u>Malden Mo, between Kennett & Caruth on Hi-way 25</u>	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	PHYSICIAN Underline the cause to which death should be charged statistically.
Of autopsy	

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 3

23. Signature Walter A. Harkins Coroner
Kennett Mo. (City or town)

Date signed 3-31-47

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

005

997
30
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2

RECEIVED
District Health Office No. 2
District File Number 447-564
Date Filed 4-14-47

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 Edgar Lee Ford
Licensed Embalmer No. 4433
P. O. Address Kennett 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.