

Registration District No. **240** Primary Registration District No. **5827**

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

1. PLACE OF DEATH:
 (a) County New Madrid
 (b) City or town Rural Lewis Twsp.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Home 4 miles west of Marston.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community Life.
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County New Madrid
 (c) City or town Rural Lewis Twsp.
(If outside city or town limits, write "RURAL")
 (d) Street No. 4 miles west of Marston.
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Larry Wayne Waterson.
 3. (b) If veteran, name war No. 3. (c) Social Security No. None.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased March 11 1947
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
			<u>15</u>	hr. min.

9. Birthplace New Madrid Co., Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Infant.

MOTHER { 11. Industry or business _____
 { 12. Name Herman Waterson.
 { 13. Birthplace Tennessee.
(City, town, or county) (State or foreign country)
 { 14. Maiden name Ruth Wadell
 { 15. Birthplace Alabama.
(City, town, or county) (State or foreign country)

16. (a) Informant Herman Waterson.
 (b) Address Marston, Missouri.
 17. (a) Burial (b) Date thereof 3-28-47
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Mounds Park Cem.

18. (a) Signature of funeral director Ponder Funeral Home
 (b) Address Lilbourn, Missouri.
 19. (a) 3-28-47 (b) N.J. Ponder Deputy
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month March day 26
 year 1947 hour 10 minute 50 P. M.
 21. I hereby certify that I attended the deceased from March 11th
1947 to March 26th 1947.
 that I last saw him alive on March 26 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Bronchitis
 Duration 4 days
 Due to Mod. Nutrition

Due to _____
 Other conditions 107
(Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings:
 Of operations _____
 Of autopsy _____
 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 Clarence M. Ponder (M. D. or other)
 Address Marston, Mo Date signed 3-28-47

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 Homer L. Ponder
Licensed Embalmer No. 3367
P. O. Address Lilbourn, 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.