S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 19 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 18077

Registration District No. 187 Primary Registration District No. 3040 Registrar's No. 68

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~~ 3 days (Specify whether years, months or days)
In this community 3 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Livingston 59
(c) City or town Mooresville
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mabel Pearle Waltz
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Joe Waltz
6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased April (Month) 12 (Day) 1902 (Year)

8. AGE: Years 45 Months 0 Days 20 If less than one day hr. min.

9. Birthplace Cowgill (City, town, or county) Missouri (State or foreign country)
10. Usual occupation At Home
11. Industry or business

FATHER
12. Name James McGee
13. Birthplace (City, town, or county) Missouri (State or foreign country)

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

16. (a) Informant Joe Waltz
(b) Address Gen Del. Mooresville, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-5-47 (Month) (Day) (Year)
(c) Place: burial or cremation Mooresville
18. (a) Signature of funeral director Norman Funeral Home
(b) Address Chillicothe, Mo.
19. (a) May-5-47 (Date received local registrar) (b) Francis B Neal (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2 year 1947 hour 7 minute P M.
21. I hereby certify that I attended the deceased from 29 April, 1947, to 2 May, 1947, that I last saw h. alive on 2 May, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Thyrotoxic Heart Disease
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations 95C
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)
While at work? (e) Means of injury 0
23. Signature V W Vanliner (M. D. or other)
Address Chillicothe Mo Date signed 8 May

(Licensed Embalmer's Statement on Reverse Side)

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 Eldon L. 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.