DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 19 1947

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18503

Registration District No. 310 — Primary Registration District No. 3058 — Registrar's No. 68

1. PLACE OF DEATH:

(a) County St. Charles

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

(c) Name of hospital or institution: 1921 Elm Street / (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) In this community Aug 1944 —

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Charles

(c) City or town St Charles Mo. 9 (If outside city or town limits, write "RURAL")

(d) Street No. 1921 Elm Street 3 (If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME Robert Davis Waters

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex M 0

5. ~~Color or~~ race White

6. (a) Single, widowed, ~~married~~, ~~divorced~~ 2

6. (b) Name of husband or wife Mabel Black Waters

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

7. Birth date of deceased January (Month) 9 (Day) 1863 (Year)

8. AGE: Years 84 Months 3 Days 28 If less than one day ____ hr. ____ min.

9. Birthplace Lincoln Co. (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business

FATHER
12. Name J. W. Waters 9
13. Birthplace Unknown (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name Mary Whiteside
15. Birthplace Lincoln Co. (City, town, or county) Mo 0 (State or foreign country)

16. (a) Informant's own signature Blanche W. Clinton

(b) Address 1921 Elm St., St. Charles, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof May 7-1947 (Month) (Day) (Year)

(c) Place: burial or cremation Elsberry Cemetery

18. (a) Signature of funeral director Willie P. Bradley

(b) Address Elsberry Mo.

19. (a) 5-15-47 (Date received local registrar) (b) Fannie Hamilton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7 year 1947 hour ____ minute 7:30 A. M.

21. I hereby certify that I attended the deceased from Jan 10, 1946, to May 7, 1947, that I last saw him alive on May 12, 1947, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Occlusion	
Due to Coronary Sclerosis.	
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)

While at work? (e) Means of injury 0

23. Signature J. W. Jeffers (M. D. or other)

Address St. Charles, Mo. Date signed 5/9/47

(Licensed Embalmer's Statement on Reverse Side)

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50M-5 Rev. 5-17-39 1 X19511

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 5 17 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 Wayne McCoy

Licensed Embalmer No. 3086

P. O. Address Troy 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, above space should be left blank.