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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 12 1947

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21816
Registrar's No. 41

Registration District No. 270

Primary Registration District No. 5910

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

1. PLACE OF DEATH:

(a) County Pemiscot

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

(c) Name of hospital or institution:
Home Rural Route 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 Pemiscot

(c) City or town Caruthersville, Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Rural Route 1
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Charles M. Waller

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Gertie Waller

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased May 5, 1876
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

71 1 15 _____ hr. _____ min.

9. Birthplace Lake County, Tenn.
(City, town, or county) (State or foreign country)

10. Usual occupation Groceryman

11. Industry or business X

12. Name Manson Waller

13. Birthplace Lake Co., Tenn.
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant Mrs. Gertie Waller

(b) Address Caruthersville, Mo. R. 1

17. (a) Burial (b) Date thereof 6/22/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Caruthersville, Mo.

18. (a) Signature of funeral director H. S. Smith Funeral Home

(b) Address Caruthersville, Mo.

19. (a) 7-9-47 (b) Freddie B. Wilkey
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21,
year 1947 hour 12 minute 15 A.M.

21. I hereby certify that I attended the deceased from April 7, 1947 to April 16, 1947
that I last saw him alive on April 16, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Duration Sudden

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? _____

While at work? _____ (Specify type of place)
(2) Means of injury _____

23. Signature P. J. Quinn (M. D. or other)

Address Caruthersville, Mo. Date signed 7-23-47

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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.....

William D. Fike

Registered Apprentice No. *440*

working under my personal supervision.

Signed.....

James G. Osburn

Licensed Embalmer No. *4185*

P. O. Address *Caruthersville, 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.