S. No. 2
M—1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED FEB 11 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1472

Registration District No. 146 — Primary Registration District No. 3568 — Registrar's No. 42

1. PLACE OF DEATH:

(a) County Jackson - Blue

(b) City or town Fairmount Sta, K.C. 3, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 824 South Ceader / Rural
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Home (Specify whether
In this community 25 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Fairmount Sta, K.C. 3 Rural
(If outside city or town limits, write "RURAL")

(d) Street No. 824 South Ceader
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Eugene Virgil Waterfield

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Minnie Waterfield

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased April (Month) 3 (Day) 1872 (Year)

8. AGE: Years 75 Months 9 Days 28 If less than one day ..... hr. ..... min.

9. Birthplace Unknown (City, town, or county) Kentucky / (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business

FATHER
12. Name Frazier Waterfield
13. Birthplace Unknown (City, town, or county) Kentucky / (State or foreign country)

MOTHER
14. Maiden name Emilie Melton
15. Birthplace Unknown (City, town, or county) Kentucky / (State or foreign country)

16. (a) Informant Mrs Minnie Waterfield
(b) Address 824 South Ceader, K.C. 3, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-3-48 (Month) (Day) (Year)
(c) Place: burial or cremation Mound Grove

18. (a) Signature of funeral director Geo. C. Carson
(b) Address Independence, Missouri

19. (a) 2-2-48 (Date received local registrar) (b) [signature] (Registrar's signature) 3547

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 31 st.
year 1948 hour 3 minute 15 P. M.

21. I hereby certify that I attended the deceased from ....., 1940 to 1-31, 1948
that I last saw him alive on 1-30, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death — Duration

Natural Causes

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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

23. Signature [signature] (M. D. or other) DO
Address Indep Mo Date signed 1-31-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 Tom D. Markland, Registered Apprentice No. 40 working under my personal supervision.

Signed Floyd C. Carson

Licensed Embalmer No. 4199

P. O. Address Independence

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.