

FILED APR 1 1948

Registration District No. 123

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5458

8468

State File No. _____

Registrar's No. 2

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Walnut Grove Missouri R1
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Rural
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution NONE (Specify whether
In this community over 50 years years, months or days same as in life)

3. (a) PRINT FULL NAME Young Dae Lincoln Waddhe
3. (b) If veteran, name war NIL 3. (c) Social Security No. NIL

4. Sex Male (D) 5. Color or race white 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Martha Ann Wallace Waddhe 6. (c) Age of husband or wife if alive 11th years
7. Birth date of deceased February 1st 1865
(Month) (Day) (Year)

8. AGE: Years 83 Months 1 Days 11 If less than one day _____ hr. _____ min.

9. Birthplace Greene County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Stock & Grain Farmer

11. Industry or business Retired

12. Name David Waddhe

13. Birthplace Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Rogan

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

16. (a) Informant Mrs Olga Harmon

(b) Address Walnut Grove Mo R2

17. (a) Burial (b) Date thereof 3-25-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ash Grove Cemetery

18. (a) Signature of funeral director Gene A. Brown

(b) Address Walnut Grove Mo

19. (a) 3/23/48 (b) Gene H. Wilson
(Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39
(c) City or town Ash Grove Mo R1 3
(If outside city or town limits, write "RURAL")
(d) Street No. Rural (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 22nd
year 1948 hour _____ minute 2M

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____,
that I last saw him dead alive on March 22nd, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Probably Coronary Thrombosis

Due to Arteriosclerosis

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations PTA
Of autopsy _____

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) (e) Means of injury D

23. Signature J. J. Barber M.D. (M. D. or other) _____

Address Walnut Grove Mo Date signed 3/23/48

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

MOTHER-FATHER

RECEIVED

Greene County Health Office,

County File Number 48-3-28

Date Filed 3-31-48

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 Gene A. Brind

Licensed Embalmer No. 2664

P. O. Address Walnut Grove, 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.