

Registration District No. \_\_\_\_\_

Primary Registration District No. ~~5005~~ 5005

Registrar's No. 162

1. PLACE OF DEATH

(a) County Adair  
(b) City or town Rural Pettis town  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community 30 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Adair  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Lizzie E Waite

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 Widowed  
6. (b) Name of husband or wife John E Waite 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Sept. 16 1965 (Month) (Day) (Year)

8. AGE: Years 82 Months 8 Days 3 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Macon Co. MO (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Charley Perry  
13. Birthplace Unknown 9 (City, town, or county) (State or foreign country)  
14. Maiden name Alvina Perry  
15. Birthplace Unknown 9 (City, town, or county) (State or foreign country)

16. (a) Informant Red Pellor Waite  
(b) Address La Plata MO

17. (a) Burial (b) Date thereof \_\_\_\_\_ (Month) (Day) (Year)  
(Burial, cremation, or removal)

(c) Place: burial or cremation Shaffer  
18. (a) Signature of funeral director Kenneth Wilson  
(b) Address La Plata MO

19. (a) 5-24-48 (b) Kate Lambert  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19 year 1948 hour 11 minute \_\_\_\_\_ a. M.

21. I hereby certify that I attended the deceased from May 17 1948 to May 19 1948 and that death occurred on the date and hour stated above.

Immediate cause of death coronary occlusion Duration 48 hours  
Due to arteriosclerosis years

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 4A 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) (e) Means of injury 2 50  
23. Signature Ray W. Gillis (M. D. or other) \_\_\_\_\_  
Address La Plata MO Date signed 5/19/48

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

6-48-96  
JUN 1 - 1948

**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.....

*Hermond M Wilson*

Registered Apprentice No. *204*

working under my personal supervision.

Signed *Geo. J. Baskett*

Licensed Embalmer No. *1817*

P. O. Address *Wyaconda, 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.**