FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24041

FILED AUG 11 1948

Registration District No. 316 Primary Registration District No. 6075 Registrar's No. 251

1. PLACE OF DEATH:
(a) County: St. Francois
(b) City or town: Farmington RURAL St. Francois
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital No. 4 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 6 mo. and 24 das. (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Dunklin 35
(c) City or town: Holcomb, RURAL
(If outside city or town limits, write "RURAL")
(d) Street No.: Route 1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: ELSA LEE WADDELL
3. (b) If veteran, name war: None
3. (c) Social Security No.: None
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Tim Waddell
6. (c) Age of husband or wife if alive: 50 years
7. Birth date of deceased: July (Month) 27 (Day) 1903 (Year)

8. AGE: Years	Months	Days	If less than one day
44	11	14	hr. min.

9. Birthplace: Schumake, (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business:
FATHER
12. Name: William Dame
13. Birthplace: Duquoin, (City, town, or county) Illinois (State or foreign country)
MOTHER
14. Maiden name: Elnora Hammonds
15. Birthplace: Duquoin, (City, town, or county) Illinois (State or foreign country)
16. (a) Informant: Records, State Hospital No. 4
(b) Address: Farmington, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-13-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Clarkton, Missouri
18. (a) Signature of funeral director: Day Funeral Home
(b) Address: Malden, Missouri
19. (a) 8-6-48 (Date received local registrar) (b) Esther Rudloff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 11 year 1948 hour 5 minute 40 A.M.
21. I hereby certify that I attended the deceased from December 17, 1947 to July 11, 1948, 19..; that I last saw her alive on July 11, 1948, 19..; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	
Due to: Malignant Hypertension	
Due to:	
Other conditions (Include pregnancy within 3 months of death): Psychosis with cerebral arteriosclerosis.	

Major findings:
Of operations: 820
Of autopsy: No 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: (M. D. or other)
Address: Date signed 7/21/48

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

SEP 16 1948

SEP 9 1948

RECEIVED

District Health Officer No. 4

District File-Number 848-101

Date Filed 8-10-4

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.....

Licensed Embalmer No. 4084

P. O. Address Farmington Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.