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National Office of Vital Statistics
FILED SEP 14 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **25337**

Registration District No. **1**

Primary Registration District No. **3.000**

Registrar's No. **263**

1. PLACE OF DEATH:
 (a) County Adair
 (b) City or town Kirksville
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Community Nursing Home #1 **4**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community Life years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Adair **1**
 (c) City or town Kirksville **3**
 (If outside city or town limits, write "RURAL")
 (d) Street No. 916 W. Michigan **3**
 (If rural, give location) **0**
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Della Wait

3. (b) If veteran, name war _____ **3. (c) Social Security No.** None

4. Sex F **5. Color or race** W **6. (a) Single, widowed, married, divorced** Married

6. (b) Name of husband or wife J. E. Wait **6. (c) Age of husband or wife if alive** 76 years

7. Birth date of deceased April 27 1872
(Month) (Day) (Year)

8. AGE: Years 76 Months 4 Days 4
If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business Home

12. Name John J. Shaver

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

14. Maiden name Sophonria Flynn

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

16. (a) Informant J. E. Wait

(b) Address Kirksville, Missouri

17. (a) Burial (b) Date thereof 9/2/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Llewellyn Cmt.

18. (a) Signature of funeral director Dee Riley Funeral Home

(b) Address Kirksville, Missouri

19. (a) 9-8-48 (b) Nate Lambert
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 31
year 1948 hour 6:30 minute _____ A: M.

21. I hereby certify that I attended the deceased from Feb 2
1947 to Aug 31 1948;

that I last saw him alive on Aug 31 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic pneumonia **Duration** 1 Day

Due to rt. sided heart failure **Week**

Due to myocardiosis **years**

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations 936
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 _____

23. Signature M. T. Guterbach (M.D. or other) MD
Address Kirksville, Mo. **Date signed** 9-8-48

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

MOTHER FATHER

523 001
SEP 13 1948

RECEIVED
District Health Officer No. 10
District File Number 948-1604
Date Filed SEP 13 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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed DER Riley
Licensed Embalmer No. 4181
P. O. Address Kirkville, 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.