No. 300
—10-47
5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED SEP 29 1948
Registration District No.

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28774

Primary Registration District No. 3000

Registrar's No. 270

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: 310 North High /
(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 Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair /

(c) City or town Kirksville 3
(If outside city or town limits, write "RURAL")

(d) Street No. 310 North High 3
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME William A. Waffle

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex M 0

5. Color or race W

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

6. (b) Name of husband or wife Anna Phillips

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased March (Month) 17 (Day) 1865 (Year)

8. AGE: Years 83 Months 5 Days 28 If less than one day hr. min.

9. Birthplace Lodi (City, town, or county) Wisconsin (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business Farming

FATHER
12. Name Douglas Waffle /
13. Birthplace (City, town, or county) Wisconsin (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant Mrs. Anna Waffle
(b) Address Kirksville, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/17/48 (Month) (Day) (Year)
(c) Place: burial or cremation Bullion Cmt.

18. (a) Signature of funeral director Dee Riley Funeral Home
(b) Address Kirksville, Missouri

19. (a) 9-22-48 (Date received local registrar) (b) Kate Lambert (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 15 year 1948 hour 2:30 minute P: M.

21. I hereby certify that I attended the deceased from ____, 19__, to ____, 19__; that I last saw h____ alive on ____, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death Shooting himself in the heart with a 22 cal. rifle

Due to despondency.

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 16

Of autopsy

Duration

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) Suicide

(b) Date of occurrence Sept. 15 1948.

(c) Where did injury occur? Kirksville (City or town) Adair (County) Mo. (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? at Home (Specify type of place)

While at work? (e) Means of injury

23. Signature Foster R. Easley (M. D. or other) Coroner 3

Address Bosheer. Mo. Date signed 9-17-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 9.48.1691
Date Filed SEP 28 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 D E Riley

Licensed Embalmer No. 4181

P. O. Address Kirksville, 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.