

829

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

BIRTH NO. _____		REG. DIST. NO. <u>279</u>		PRIMARY REG. DIST. NO. <u>5956</u>		Registrar's No. <u>H</u>	
1. PLACE OF DEATH a. COUNTY <u>Peke</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Peke</u> c. CITY OR TOWN <u>Clarksville</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Clarksville</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Clarksville</u>		3	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home 1</u>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mamie</u> b. (Middle) <u>Iris</u> c. (Last) <u>Waters</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 2 1949</u>				
5. SEX <u>F</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>Jan 30, 1886</u>	
9. AGE (In years last birthday) <u>63</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeping</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>		11. BIRTHPLACE (State or foreign country) <u>Clarksville, Mo. U</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>William M. Waters</u>		13b. MOTHER'S MAIDEN NAME <u>Allie McDannold</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Marion Mackey</u> ADDRESS <u>Clarksville</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c). *This does not mean the mode of dying; such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Coronary thrombosis</u> ANTECEDENT CAUSES <u>Chronic Valvular heart disease</u> DUE TO (b) <u>not known</u> DUE TO (c) <u>not known</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>over heart disease since 1922</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Hypertension</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Feb 1 1949</u> to <u>Feb 2 1949</u> , that I last saw the deceased alive on <u>Feb 1, 1949</u> , and that death occurred at <u>S.A. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>E. M. Bartlett M.D.</u> (Degree or title)				23b. ADDRESS <u>Clarksville</u>		23c. DATE SIGNED <u>2/2/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Feb. 4-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Clarksville Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Clarksville, Mo</u>	
DATE REC'D BY LOCAL REG. <u>Feb 3 1949</u>		REGISTRAR'S SIGNATURE <u>W. G. Goch</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Mc Cue Hardware Co</u> ADDRESS <u>Colia Mo</u>			

RECEIVED

District Health Officer No. _____

District File Number 249

Date Filed FEB 8 1949

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Norman E. Roach

Licensed Embalmer No. 2342

P. O. Address Eolia 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.