FILED OCT 19 1949

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30644

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4187

1. PLACE OF DEATH

a. COUNTY: Jackson

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City

c. LENGTH OF STAY (in this place): 8-14-49-9-24-49

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Grosse Convlesant Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Missouri

b. COUNTY: Clay

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): North Kansas City Maple Park

d. STREET ADDRESS (If rural, give location): R.R.2 Liberty

3. NAME OF DECEASED (Type or Print)

a. (First): Elmer

b. (Middle): R.

c. (Last): Waters

4. DATE OF DEATH (Month) (Day) (Year): Sept. 24 1949

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Dec. 23, 1865

9. AGE (In years last birthday): 83

IF UNDER 1 YEAR: Months: X Days: X

IF UNDER 24 HRS.: Hours: X Min.: X

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Letter Carrier

10b. KIND OF BUSINESS OR INDUSTRY: U.S.A. Postal

11. BIRTHPLACE (State or foreign country): Illnois

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Unknown

13b. MOTHER'S MAIDEN NAME: Unknown

14. NAME OF HUSBAND OR WIFE: ~~Margret E.~~ MARGARET Waters

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No

(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS: E. Crosby Waters R.R. 2 Liberty Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Cerebral Hemorrhage — 6 weeks

DUE TO (c) Hypertension C.V. Disease — 3-4 years

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION: 443X

20. AUTOPSY? YES ☐ NO ☐

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) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 14, 1949, *to* Sept 23 1949 *that I last saw the deceased alive on* Sept 23, 1949, *and that death occurred at* 2:00 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE J. E. Mc Cormick (Degree or title) M.D.

23b. ADDRESS 2025 Swift North Mo

23c. DATE SIGNED 9-28-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Sept. 27, 49

24c. NAME OF CEMETERY OR CREMATORY: Liberty Cemetery

24d. LOCATION (City, town, or county) (State): Liberty Missouri

DATE REC'D BY LOCAL REG.: 9-29-49

REGISTRAR'S SIGNATURE: Geraldine Holmes

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Morton-Smith' F.H. North K.C. Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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 Theron Smith

Licensed Embalmer No. 3928

P. O. Address North K.C. Mo

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

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

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Mo } ss.
County of Jackson

State File No. 30644-49

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. #187-49

On this 14 day of November, 1949, before me appears Robert C. Waters, who, upon his oath, states that the original record of ~~birth~~ death for Elmer R. Waters died ~~born~~ 9-24-1949, 19..., in the State of Missouri, and which was filed at K.C. Mo on 9-29, 1949, should be corrected as follows:

Item No. 14 should read Margaret E. Waters
Instead of Margret E. Waters

Item No. ... should read ...
Instead of ...

Item No. ... should read ...
Instead of ...

Item No. ... should read ...
Instead of ...

Item No. ... should read ...
Instead of ...

Item No. ... should read ...
Instead of ...

Item No. ... should read ...
Instead of ...

Item No. ... should read ...
Instead of ...

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant. Robert C. Waters
Relationship. Son

Dawn, Mo.
Present Address.

Subscribed and sworn to before me this 14th day of November, 1949

My Commission expires Oct 21, 1951 Carrie M. Ruppelius Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

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