

FILED FEB 8 - 1955

STANDARD CERTIFICATE OF DEATH

State File No. 1316
305

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

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY		c. CITY OR TOWN Kansas City	
c. LENGTH OF STAY (in this place) 60 days		d. Residence within limits of city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSPITAL STREET ADDRESS (If rural, give location) 2148 1304 Halmes			

3. NAME OF DECEASED (Type or Print) a. (First) HONEST b. (Middle) JOE c. (Last) WADDELL		4. DATE OF DEATH (Month) (Day) (Year) January 21, 1955	
5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 14, 1895
9. AGE (In years last birthday) 59	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Abstractor		10b. KIND OF BUSINESS OR INDUSTRY Legal	11. BIRTHPLACE (City and State or Foreign Country) Olinger, Virginia
			12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Sam Waddell	13b. MOTHER'S MAIDEN NAME Mary Stewart	14. NAME OF HUSBAND OR WIFE Ora Waddell
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWI	16. SOCIAL SECURITY NO. 488 26 3549	17. INFORMANT'S SIGNATURE OR NAME VA Hospital Official Records, K. C. Mo.	ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hodgkins Disease		INTERVAL BETWEEN ONSET AND DEATH 1 month
ANTECEDENT CAUSES		DUE TO (b) _____		
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				201

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) VA	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Nov. 2, 1954**, to **Jan. 21, 1955** ~~XXXXXX~~ and that death occurred at **8:40A** m., from the causes and on the date stated above.

23a. SIGNATURE Arthur P. Klotz ARTHUR P. KLOTZ, M.D.	(Degree or title) 0	23b. ADDRESS VA Hospital, Kansas City, Mo.	23c. DATE SIGNED 1/21/55
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24a. BURIAL CREMATION (Specify) Burial	24b. DATE Jan 24 1955	24c. NAME OF CEMETERY OR CREMATORY Weslakes Cemetery	24d. LOCATION (City, town, or county) (State) Weslakes Missouri
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DATE REC'D BY LOCAL REG 1-22-55	REGISTRAR'S SIGNATURE Meva Minshel	25. FUNERAL DIRECTOR'S SIGNATURE Edwell Funeral Home - Weslakes, Mo	ADDRESS
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(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.....
Signature of Student Embalmer

Signed *Chas E Wilks*

Licensed Embalmer No. *26*
P. O. Address *K C M*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.