

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

270824

Registration District No. 135

Primary Registration District No. 4210

Registrar's No.

1. PLACE OF DEATH:

(a) County Harrison

(b) City or town Ridgeway (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Ridgeway Mo (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 60 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Harrison

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

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME William H. Waddelows

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex M 5. Color or race w

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

6. (b) Name of husband or wife Rosa Waddelows

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased: 12 - 12 - 1890
(Month) (Day) (Year)

8. AGE: Years 73 Months 7 Days 7
If less than one day hr. min.

9. Birthplace Eagleville Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business

12. Name Edwin Waddelows

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

14. Maiden name Mahama Gust

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

16. (a) Informant Melbie Harden

(b) Address 2944 Lafayette St Joseph, Mo

17. (a) (Burial, cremation or removal) Buried (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation: Ridgeway Onetay

18. (a) Signature of funeral director R.R. Waddelows

(b) Address Ridgeway Mo

19. (a) (Date received local registrar) 1292 (b) (Registrar's signature) L. C. Brewer

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 19
year 1944 hour 8 minute 30 P.M.

21. I hereby certify that I attended the deceased from July 17th 1944 to July 19, 1944
that I last saw him alive on July 19, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral hemorrhage 4 days

Due to 830

Due to Senility

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

Major findings: Of operations

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) (c) Means of injury Senility

23. Signature L. C. Brewer (M. D. or other)
Address Ridgeway, Mo Date signed 7/22/44

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

411
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57
1/17/44

AVG 18 1944

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.....

R. R. Boggers

Licensed Embalmer No.....

3576

P. O. Address.....

Ridgeway 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.