

AUG 11 1939

**MISSOURI STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

26095

Do not use this space.

## 1. PLACE OF DEATH

(a) County Lawrence Registration District No. 468  
 (b) Township Beaumont Primary Registration District No. 5629 Registered No. 13  
 (c) City Merisauville (d) Street No. \_\_\_\_\_ St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

(a) Residence, No. 436 Herman Walters St.   
221 Bellvue mo. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Bettie Walters  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 4 1869  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
70 4 26

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Stone Mason  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marshfield mo.13. NAME Michael Walters14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Linsburg Germany15. MAIDEN NAME Matilda unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) "17. INFORMANT Leonard Walters (ADDRESS) Bellvue, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Merisauville DATE Aug 1 193919. FUNERAL DIRECTOR (NAME) (ADDRESS) Credited Funeral Home Merisauville mo20. FILED Aug 5 1939 Laura O. Connally 419 (Address) Merisauville mo  
 Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 30 193922. I HEREBY CERTIFY, That I attended deceased from July 19 1939 to 7-19 1939I last saw him alive on 7-19 1939. Death is said to have occurred on the date stated above, at 7:30 p.m.  
 The principal cause of death and related causes of importance were as follows:

Carcinoma of  
Tongue  
45

Other contributory causes of importance:  
Cerebral aneurysm  
ruptured liver  
 Name of operation Radiation Date of operation Sept 1 1939  
 What test confirmed diagnosis? Chemical Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? no Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no  
 Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) R. D. Brown, M. D.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 6,

District File Number 839-1583

Date Filed AUG 9 1939

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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, above space should be left blank.**