

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

8457
Do not use this space.

1. PLACE OF DEATH

(a) County Vernon Registration District No. 875
 (b) Township Center Primary Registration District No. 3039 Registered No. 64
 (c) City Nevada (d) Street No. 913 E. Walnut 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. 913 E Walnut St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 25, 1962

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 7 26

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. P.R. Section Hand
 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) Unknown / Iowa

FATHER 13. NAME George Walters
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown / Ky

MOTHER 15. MAIDEN NAME Mary Johnston
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown / Ky

17. INFORMANT (ADDRESS) Edna Garfield Nevada, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Click Country DATE Feb 24, 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Ferry Funeral Home Nevada, Mo

20. FILED 2-29 1940 Allan Hayes Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 21, 1940

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h..... alive on _____, 19____. Death is said to have occurred on the date stated above, at not known

The principal cause of death and related causes of importance were as follows:

Found dead in home. Supposed heart failure
no violence
 Date of onset

Other contributory causes of importance:
neut had a doctor at no time.

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ 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 _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? If so, specify _____
 (Signed) Moj. E. Ferry Coroner, M. D.
795 (Address) Nevada Missouri

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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. 7,
District File Number 3-40-374
Date Filed 3-11-40

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 *Personally*

....., Registered Apprentice No.
working under my personal supervision.

Signed *Lloyd B. Winfield*
Licensed Embalmer No. *3857*
P. O. Address *Wada, 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, above space should be left blank.