

FILED AUG 16 1940
Registration District No. 247

Primary Registration District No. 3029

Registrar's No. 206

1. PLACE OF DEATH:

(a) County Marion
(b) City or town Hannibal
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3024 Market Residence
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion
(c) City or town Hannibal
(If outside city or town limit, write "RURAL")
(d) Street No. 3024 Market
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME Albert Walter 436

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 6. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary Louise Walter 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased December 22, 1858
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 6 23 hr. min.

9. Birthplace Sehlingen Switzerland
(City, town, or county) (State or foreign country)

10. Usual occupation Foreman M.K. & T.

11. Industry or business Retired

12. Name Martin Walter

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

14. Maiden name Anna Muller

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

16. (a) Informant Mrs. W. T. Key

(b) Address 3024 Market

17. (a) Burial (b) Date thereof 7/17/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Grandview Burial Par

18. (a) Signature of funeral director Lawford Smith

(b) Address 902 Broadway

19. (a) July 17 1940 (b) W. T. Key
(Date received local registrar) (Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15
year 1940 hour 8 minute 00 P.M.

21. I hereby certify that I attended the deceased from June 19 39 19 to July 15 19 40
that I last saw him alive on July 1 19 40
and that death occurred on the date and hour stated above.

Immediate cause of death Arterio-vascular Renal Disease

Due to _____

Due to ?

9. Birthplace Sehlingen Switzerland

10. Usual occupation Foreman M.K. & T.

11. Industry or business Retired

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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)
(e) Means of injury _____

23. Signature Lawrence (M. D. or other) _____
Address Hannibal Mo Date signed July 16 1940

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE 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.....

....., Registered Apprentice No.

working under my personal supervision.

Signed

Joseph J. Marsh

Licensed Embalmer No. 3932

P. O. Address Hannibal Missouri

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.