

WED AUG 9 1940

Registration District No. 087

Primary Registration District No. 6179

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County Washington
 (b) City or town Potosi
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Potosi Hosp
 (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 Washington
 (c) City or town Potosi
 (If outside city or town limits, write "RURAL")
 (d) Street No. R Route 2 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Ralph Walkersen

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced _____

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____ years

7. Birth date of deceased June 20 1940
 (Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days 35 If less than one day _____ hr. _____ min.

9. Birthplace Potosi (City, town, or county) (State or foreign country) _____

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name Guy Walkersen
 13. Birthplace Potosi Mo (City, town, or county) (State or foreign country)
 14. Maiden name Velma Walker
 15. Birthplace Franklin Mo (City, town, or county) (State or foreign country)

16. (a) Informant Velma Walkersen
 (b) Address Potosi Mo

17. (a) _____ (b) Date thereof July 16 1940
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Potosi

18. (a) Signature of funeral director Sparks

(b) Address _____

19. (a) July 20 1940 (b) G. F. Resourde
 (Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15 1940
 year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from June 22nd 1940 to July 15th 1940
 that I last saw him alive on _____ 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death _____
He was suffering from
Pertussis.

Due to _____

Due to _____

Other conditions _____
 (Include pregnancy within 5 months of death)

Major findings: _____
 Of operations _____

Of autopsy _____

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? _____
 (Specify type of place) _____
 While at work _____ (e) Means of injury _____

23. Signature Samuel R. Howard (M. D. or other) _____
 Address Potosi Mo Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.