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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILLED APR 28 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 9898

Registration District No. 1

Primary Registration District No. 200

Registrar's No. 94

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

1. PLACE OF DEATH:

(a) County Adair

(b) City or town Stahl Rural Stahl

(c) Name of hospital or institution:

(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 Adair

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

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

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME John Samuel Walters

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Anna Elizabeth Walters

6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased October 19 1879

(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>61</u>	<u>5</u>	<u>4</u>	hr. min.

9. Birthplace Don't know Montana

(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farm

12. Name Lewis Walters

13. Birthplace Don't know Tennessee

(City, town, or county) (State or foreign country)

14. Maiden name Rachel Cook

15. Birthplace Don't know Indiana

(City, town, or county) (State or foreign country)

16. (a) Informant Amie Walters

(b) Address Stahl, Mo

17. (a) Burial (b) Date thereof March 25, 1941

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Magrew Cemetery

18. (a) Signature of funeral director Henry E. Kent & Son

(b) Address Greene City, Mo

19. (a) Mar. 27/41 (b) Spencer L. Freeman

(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 23

year 1941 hour 12 noon minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from March 12 1941 to March 23 1941

that I last saw him alive on March 23 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Acute nephritis

Due to Influenza

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) None

Major findings: Of operations None

Of autopsy None

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? \_\_\_\_\_

3 While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature J. P. Garrison M.D. (M. D. or other) \_\_\_\_\_

Address Younger MO Date signed 3-22-41

Duration

3 weeks

2 weeks

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 10

District File Number 4-41-815

Date Filed APR 14 1941

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

*Archie W Wade*

Licensed Embalmer No. 3037

P. O. Address Green City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.