

Registration District No. 431 Primary Registration District No. 5588 Registrar's No. 52

**1. PLACE OF DEATH:**  
(a) County Jackson  
(b) City or town Warrensburg  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 10 yrs years, months or days

3. (a) PRINT FULL NAME Walter Augustus Walters  
3. (b) If veteran, name war. no 3. (c) Social Security No. no

4. Sex Male 5. Color or race white  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Hester Walters  
6. (c) Age of husband or wife if alive 41 years  
7. Birth date of deceased Jan - 17 1895  
(Month) (Day) (Year)

8. AGE: Years 46 Months 2 Days 11  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Proctor (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name Henry Walters  
13. Birthplace Morgan Co. Mo. (City, town, or county) (State or foreign country)  
14. Maiden name Lena Hale  
15. Birthplace Benton Co Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. W. A. Walters  
(b) Address Warrensburg, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date of death Apr - 10 - 1941  
(Month) (Day) (Year)  
(c) Place: burial or cremation Sunset Hill

18. (a) Signature of funeral director Sweeney-Phillips  
(b) Address Warrensburg, Mo.

19. (a) April 10-41 (Date received local registrar) (b) Beulah Gentry (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State Missouri (b) County Jackson  
(c) City or town Warrensburg  
(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. \_\_\_\_\_ years.

**MEDICAL CERTIFICATION**  
20. DATE OF DEATH: Month April day 8  
year 1941 hour 5:30 minute A. M.

21. I hereby certify that I attended the deceased from Mar 31, 1940 to April 8, 1941  
that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Louisy's Paralysis  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

PHYSICIAN  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
Underlines the cause to which death should be charged statistically.

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? \_\_\_\_\_

23. Signature Ch. J. H. M. D. (M. D. or other) 0  
Address Warrensburg, Mo. Date signed April 10, 1941  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

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

FEB 25 1948

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 \_\_\_\_\_

*Earl Priest*

\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

*Earl Priest*

Licensed Embalmer No. \_\_\_\_\_

*3878*

P. O. Address \_\_\_\_\_

*Warrensburg, 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.