

FILED SEP 12 1941

Registration District No. 411

Primary Registration District No. 2002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(c) Name of hospital or institution: St. Johns Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 weeks
In this community 53 years. 0 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 049
(c) City or town Joplin Mo. (If outside city or town limits, write "RURAL")
(d) Street No. Olivia Apts. 320 Moffett Ave.; (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country No D

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. 25, day 1941;
year 9-25 A.M. minute M.
21. I hereby certify that I attended the deceased from Aug 15
1941 to Aug 25 1941
that I last saw him alive on Aug 25 1941
and that death occurred on the date and hour stated above.
Immediate cause of death Acute myocarditis Duration

3. (a) PRINT FULL NAME Charles S. Walden.

3. (b) If veteran name war Y. M. C. A. WORLD WAR No 1.
3. (c) Social Security No. No;

4. Sex Male 0 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Maude Walden.
6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased Mar. 26, 1873.
(Month) (Day) (Year)

8. AGE: Years 68 Months 5 Days 0
If less than one day hr. min.

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

10. Usual occupation Lawyer
11. Industry or business (Walden and Andrews)

MOTHER FATHER
12. Name Charles H. Walden
13. Birthplace MASS: (City, town, or county) (State or foreign country)
14. Maiden name Sylvia Marsh; (City, town, or county) (State or foreign country)
15. Birthplace Mass; (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Maude Walden
(b) Address Olivia Apts. Joplin Mo;

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 27, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Hope Cemetery.

18. (a) Signature of funeral director Joplin Mo.
(b) Address Joplin Mo;

19. (a) 8-28-41 (Date received local registrar) (b) J. B. James (Registrar's signature)

Due to Diabetes Mell
Due to Colic of Liver

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations. Of autopsy. PHYSICIAN Underline 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?

While at work? (Specify type of place) (e) Means of injury.
23. Signature Miller & Coombs (M. D. or other) Joplin, Mo. Date signed Aug 26 1941

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

41-9-780

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 *Steve D Parksey*

Licensed Embalmer No. *23248*

P. O. Address *Joplin, 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, fact should be so stated above.