

Registration District No. 431

Primary Registration District No. 3023

State File No. \_\_\_\_\_

Registrar's No. 149

1. PLACE OF DEATH:

(a) County Johnson  
(b) City or town Warrensburg, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
306 Broad St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community 29 yrs.  
years, months or days

3. (a) PRINT FULL NAME Robert Edward Walbridge

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex male 5. Color of race white 6. (e) Single, widowed, married, divorced married

6. (b) Name of husband or wife Augusta Walbridge 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased Nov - 16, 1870  
(Month) (Day) (Year)

8. AGE: Years 71 Months 0 Days 23 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Unknown - Ill.  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Merchant

11. Industry or business Betting Works

12. Name W. B. Walbridge

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

14. Maiden name Angie Van Meter

15. Birthplace Unknown - Holland  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. R. E. Walbridge

(b) Address Warrensburg - Mo

17. (a) Burial (b) Date thereof Dec - 11 - 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Hill

18. (a) Signature of funeral director Sweeney - Phillips

(b) Address Warrensburg, Mo.

19. (a) Dec - 10 - 41 (b) Edith M. Williams  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson  
(c) City or town Warrensburg  
(If outside city or town limits, write "RURAL")  
(d) Street No. 306 Broad  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 9  
year 1941, hour 3, minute P. M.

21. I hereby certify that I attended the deceased from July - 40  
\_\_\_\_\_, 19\_\_\_\_, to Dec 9, 19\_\_\_\_;  
that I last saw him alive on 12 - 9 - 41, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Chr. Myocarditis  
Chr. Nephritis

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

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 1318  
Of autopsy \_\_\_\_\_

Duration  
?  
2 yrs  
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 T. P. ? (M. D. or other) MD  
Address Warrensburg Mo Date signed 12 - 10 - 41

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

7  
2  
2

RECEIVED

District Health Officer No. 8,

District File Number -----

Date Filed 1-14-42

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**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. 3874

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, fact should be so stated above.**