

FILED MAR 9 1942  
Registration District No. 347

Primary Registration District No. 3018

1. PLACE OF DEATH:

(a) County Henry Clinton  
(b) City or town \_\_\_\_\_  
(c) Name of hospital or institution South 8th St. Clinton  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 38 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry  
(c) City or town Clinton  
(If outside city or town limits, write "RURAL")  
(d) Street No. 8th St.  
(If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Valentine Wallpe

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 Welder  
6. (c) Age of husband or wife if alive 79 years  
7. Birth date of deceased Sept 8 1854  
(Month) (Day) (Year)

8. AGE: Years 87 Months 4 Days 23  
If less than one day hr. min.

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

10. Usual occupation farmer

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

12. Name John Wallpe

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

14. Maiden name Bergetta Heppner

15. Birthplace West Baden Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Catherine Hendrick

(b) Address 511 Chicago

17. (a) Burial (b) Date thereof Feb 3 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Englewood

18. (a) Signature of funeral director Spencer Saw

(b) Address Clinton Mo

19. (a) Jan. 2/42 (b) Georgia Kitchen  
(Date received local registrar) (Registrar's signature) S.R.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 1  
year 1942 hour 8 minute 30 A.M.  
21. I hereby certify that I attended the deceased from Jan 20  
1942 to Feb 1 1942  
that I last saw him alive on Jan 29 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis  
Due to Influenza

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: 336  
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?  
While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury 0

23. Signature H. Walker (M. D. or other) M.D.  
Address Clinton Mo Date signed 2-2-42

Duration 2 wks  
10 da  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

42  
1  
2

MOTHER FATHER

1089

RECEIVED

District Health Officer No. 7,

District File Number 3-42-180

Date Filed 3-4-42

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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~~.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed R. R. Kenney.....

Licensed Embalmer No. mo. 3099.....

P. O. Address Clinton 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.