

FILED AUG 11 1943

Primary Registration District No. 3000

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

1. PLACE OF DEATH:

(a) County Adair

(b) City or town Kirkville
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
705 W. Elizabeth St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)

In this community Most of Life. (Specify whether years, months or days)

3. (a) PRINT FULL NAME David Walters

3. (b) If veteran, name war _____

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Lillian Walters

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased July 20 1870
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>72</u>	<u>11</u>	<u>29</u>	_____ hr. _____ min.

9. Birthplace Adair Co., Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

MOTHER FATHER

12. Name Nathan Walters

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

14. Maiden name Nancy Ann Bish

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

16. (a) Informant Lillian Walters

(b) Address La Crosse, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/20/43
(Month) (Day) (Year)

(c) Place: burial or cremation Gifford, Mo.

18. (a) Signature of funeral director [Signature]

(b) Address Kirkville, Mo.

19. (a) 7/26, 1943 (Date received local registrar) (b) Mrs. J. L. Wayman (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 61

(a) State Missouri (b) County Macon

(c) City or town La Crosse, "Rural" No. 10
(If outside city or town limits, write "RURAL")

(d) Street No. "Rural Route No. 1"
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 19
year 1943 hour 12:45 minute A: M.

21. I hereby certify that I attended the deceased from July 15
1943 to July 19 1943
that I last saw him alive on July 19 1943
and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy

Duration 4 days

Due to _____

Due to [Signature]

Other conditions [Signature]
(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 [Signature] [Signature] (M. D. or other)

Address Kirkville Mo Date signed 7-19-43

RECEIVED

District Health Officer No. 10

District File Number... 8-43-1282

Date Filed AUG 10 1943

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 *B. P. Riley*

Licensed Embalmer No. *4181*

P. O. Address *Kirk Hill*

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.