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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 2269

FILED FEB 8 1945

Registration District No. 128 | Primary Registration District No. 2000 | Registrar's No. 87

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

1. PLACE OF DEATH:

(a) County: GREENE

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

(c) Name of hospital or institution: Springfield Baptist Hospital
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: WRIGHT 114

(c) City or town: Mountain Grove
(If outside city or town limits, write "RURAL")

(d) Street No.: 0
(If rural, give location)

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

3. (a) PRINT FULL NAME: Earl Walls

3. (b) If veteran, name war: Unknown

3. (c) Social Security No.: Unknown

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: None

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

7. Birth date of deceased: February (Month) 13 (Day) 1908 (Year)

8. AGE: Years 36 | Months 11 | Days 14 | If less than one day hr. min.

9. Birthplace: Benton County, (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Truck Driver

11. Industry or business:

FATHER
12. Name: Tom Walls
13. Birthplace: Benton County, (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name: Eva Coffman
15. Birthplace: Unknown (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant: Mrs. Edna Smith
(b) Address: Mountain Grove, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan. 29, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation: Mountain Grove, Missouri

18. (a) Signature of funeral director: Barber Funeral Home
(b) Address: Mt. Grove, Missouri

19. (a) 1-29-45 (Date received local registrar) (b) by M. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 27 year 1945 hour 5:15 minute A. M.

21. I hereby certify that I attended the deceased from Jan 26 1945 to Jan 27 1945 that I last saw alive on Jan 26 1945 and that death occurred on the date and hour stated above.

Immediate cause of death: Crushed Chest & Frac. Both Legs — Duration

Due to: Auto accident

Due to:

Other conditions (Include pregnancy within 3 months of death): Non-Collision

Major findings:
Of operations: MD

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): Accident 114

(b) Date of occurrence: 1-26-45

(c) Where did injury occur? WRIGHT (City or town) (County) Mo. (State)

(d) Did injury occur in or about home, on farm in industrial place, in public place? Whetstone Hill (Specify type of place) Highway near Mt Grove

While at work? No (e) Means of injury: Automobile

23. Signature: (M. D. or other)

Address: Springfield Mo. Date signed 1-29-45

(Licensed Embalmer's Statement on Reverse Side)

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.....Lewis G. Scharpf.....

Licensed Embalmer No.....3802.....

P. O. Address.....Springfield, 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.