

FILED JUN 11 1945  
Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 447

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

1. PLACE OF DEATH:

(a) County GREENE  
(b) City or town Springfield  
(c) Name of hospital or institution: Burge Hospital  
(d) Length of stay: In hospital or institution 9 days  
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Polk  
(c) City or town Bolivar  
(d) Street No.  
(e) Citizen of foreign country? (Yes or No)

3. (a) PRINT FULL NAME Walters - Charles L.

3. (b) If veteran, name war. Unk. 3. (c) Social Security No. Unk.

4. Sex male! 5. Color or race white 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Esther Walters 6. (c) Age of husband or wife if alive 46 years  
7. Birth date of deceased Jan. 6, 1897

8. AGE: Years 48 Months 3 Days 24 If less than one day hr. min.

9. Birthplace Unk. Mo. 1

10. Usual occupation Farming

11. Industry or business

12. Name Joe Walters  
13. Birthplace Unk. Mo. 9  
14. Maiden name Cora E. Desachen  
15. Birthplace Unk. Mo. 1

16. (a) Informant Wife - Mrs. Walters

(b) Address Bolivar, Mo.

17. (a) Burial (b) Date thereof 5-2-45

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

18. (a) Signature of funeral director H. T. Hakesen - Turpin

(b) Address Bolivar, Mo.

19. (a) 5-2-45 (b) S. W. Handley

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30 year 1945 hour 12 minute 11 A.M. M.

21. I hereby certify that I attended the deceased from Apr. 21, 1945, to Apr. 30, 1945, that I last saw him alive on Apr. 30, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis

Due to  
Due to  
Other conditions Phlebitis right leg.

Major findings: 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?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature J. B. Berman (M. D. or other)  
Address 1000 1/2 rd. Unk. Date signed 5-1-45

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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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.....  
.....  
working under my personal supervision.

Signed.....  
.....  
Registered Apprentice No.....

Licensed Embalmer No. 3053

P. O. Address..... Bellevue 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.**