. S. No. 2
DM—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

42208

State File No.

FILED DEC 29 1945

Registration District No. 2 Primary Registration District No. 3056 Registrar's No. 221

1. PLACE OF DEATH:
(a) County Randolph
(b) City or town Moberly 1201 Henry
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(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 2 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Randolph
(c) City or town Moberly
(If outside city or town limits, write "RURAL")
(d) Street No. 1201 Henry
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME Walter S Egelston
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 Elizabeth D Egelston
6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased B- (Month) 2- (Day) 1871 (Year)

8. AGE: Years 74 Months 8 Days 11 If less than one day hr. min.

9. Birthplace Monroe Co. (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Farming
11. Industry or business
FATHER
12. Name Don't Know
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Don't Know
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant Elizabeth D Egelston
(b) Address 1201 Henry St Moberly Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-15-1945 (Month) (Day) (Year)
(c) Place: burial or cremation Centralia
18. (a) Signature of funeral director Leste Thompson
(b) Address Moberly Mo
19. (a) Nov 14-45 (Date received local registrar) (b) Leah Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 13 year 1945 hour 2 minute 45 A.M.
21. I hereby certify that I attended the deceased from about August 1 1944 to Nov 13 1945 that I last saw him alive on Nov 13 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Endocarditis, chronic	2 years or more
cause not known	
Due to —	
Due to —	
Other conditions — (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 E. H. Shrader (M. D.)
Address Moberly Date signed 11/12/45

1601

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 12-45-1899
Date Filed DEC 20 1945

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 Mrs Ted C Thompson

Licensed Embalmer No. 3282

P. O. Address Madison, 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.