

FILED JAN 25 1946

Registration District No. _____

Primary Registration District No. 3016

Registrar's No. 12

1. PLACE OF DEATH:

(a) County Cole
(b) City or town Jefferson City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Mary's 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

3. (a) PRINT FULL NAME Nicholas Walden

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 Widowed

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb - 3 - 1865
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 11 12 _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Nicholas Walden
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Margaret Grotford
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Anna Baker

(b) Address Linn Mo

17. (a) Burial (b) Date thereof 1-17-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Linn Public Cemetery

18. (a) Signature of funeral director Clyde Maston

(b) Address Linn Mo

19. (a) 1-16-46 (b) R.P. Darrin MD
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Osage 76
(c) City or town Linn
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 15
year 1946 hour 9 minute 4 58 A.M.

21. I hereby certify that I attended the deceased from Jan 8, 1946, to Jan 15, 1946
that I last saw him alive on Jan. 15, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic Pneumonia
Duration 2 days

Due to Fracture
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) accident
(b) Date of occurrence Jan. 2 - 1946 76
(c) Where did injury occur? Linn Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home - fell down stairs
(Specify type of place) (e) Means of injury _____

23. Signature J. Essman (M. D. or other) M.D.
Address Jefferson City, Mo. Date signed 1-16-46

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

MOTHER FATHER

481

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RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 1-21-46

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 Vernon M. Morton

Licensed Embalmer No. 4125

P. O. Address Leim, 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.