

No. 2  
-4-43  
5-17-35

**FILED** FEB 9 1946  
Registration District No. **3043**

Primary Registration District No. **3043**

1. PLACE OF DEATH:

(a) County Marion

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

(c) Name of hospital or institution:  
310 So 5th St. /  
(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 Marion **64**

(c) City or town Hannibal **3**  
(If outside city or town limits, write "RURAL")

(d) Street No. 310 So 5th St **4**  
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No) **0**  
If yes, name country.....

3. (a) PRINT FULL NAME Werman H Waltherman

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

3. (c) Social Security No.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 21  
year 1945 hour..... minute 35 P.M.

4. Sex Male 5. Color or race White

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

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

7. Birth date of deceased December 11 1869  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 12-21-45 to 12-21-45  
that I last saw h..... alive on 12-19-45 19.....  
and that death occurred on the date and hour stated above.

8. AGE: Years 76 Months 10 Days..... If less than one day  
hr. min.

Immediate cause of death Cancer of stomach **1 yr**  
Duration

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death)

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

10. Usual occupation Blacksmith

Major findings:  
Of operations..... no

Of autopsy..... H&K

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

11. Industry or business.....

12. Name John B. Waltherman

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

14. Maiden name Adeline Holcher

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

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)..... no

(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?

16. (a) Informant Mrs Elizabeth Waltherman

(b) Address Hannibal Mo

17. (a) Burial (b) Date thereof 12-24-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Grand View Burial Park

18. (a) Signature of funeral director J. P. Dangel

(b) Address Hannibal Mo

19. (a) 1-2-46 (b) D. E. M. Lucke  
(Date received local registrar) (Registrar's signature)

While at work?..... (Specify type of place)

(e) Means of injury.....

23. Signature J. P. Dangel M.D. or other.....  
Address Hannibal Mo signed 12-28-45

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD  
100618

**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 *J. M. O'Connell*

Licensed Embalmer No. *3889*

P. O. Address *Hannibal, 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.**