

DEPARTMENT OF COMMERCE THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF THE CENSUS STANDARD CERTIFICATE OF DEATH

15675

State File No. _____

FILED MAY 17 1946

Registration District No. 17

Primary Registration District No. 4024

Registrar's No. 12

1. PLACE OF DEATH:

(a) County Barton
(b) City or town Minden Mines
(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)
In this community 51 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME MICHEL JOHN WALTER

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 Ruth Elvada Walter 6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased August 20 1868
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 7 14 hr. min.

9. Birthplace Indiana County, Penn.
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter- Retired

11. Industry or business _____

MOTHER FATHER { 12. Name Michel John Walter
13. Birthplace Indiana County, Penn.
(City, town, or county) (State or foreign country)
14. Maiden name Belle Agnes McHenry
15. Birthplace Indiana County, Penn.
(City, town, or county) (State or foreign country)

16. (a) Informant L. D. Walter
(b) Address Lamar, Missouri

17. (a) Burial (b) Date thereof April 6 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Lake Cemetery

18. (a) Signature of funeral director KOMANTZ FUNERAL HOME
(b) Address Lamar, Missouri

19. (a) April 2, 1946 (b) Antonia Roberts
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4
year 1946 hour 6 minute 45 A. M.

21. I hereby certify that I attended the deceased from Nov. 9, 1945 to April 3, 1946
that I last saw him alive on March 1, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of ascending colon Duration 8 mo.

Due to _____
Due to _____

Other conditions obstructive jaundice 6 mo.
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy 4/6
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 Turn T. Bichel (M. D. or other) M.D.
Address Lamar, Mo. Date signed Apr. 4, 1946

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

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..... *Carl F. Rouantz*

Licensed Embalmer No. 2247

P. O. Address..... Lamar, Missouri

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.