

S. No. 2
M-5-43
7-5-17-39
P. I. X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
FILED JUL 9 1946 STANDARD CERTIFICATE OF DEATH

20955

State File No. _____
Registrar's No. 31

Registration District No. 212 Primary Registration District No. 3044

1. PLACE OF DEATH:
(a) County MILLER
(b) City or town ELDON
(c) Name of hospital or institution: 3
(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 MO. (b) County CAMDEN
(c) City or town OSAGE BEACH
(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 _____

3. (a) PRINT FULL NAME ROBERT LEE WALBRIDGE
3. (b) If veteran, name war N/A
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 12th
year 1946 hour 7 minute 30 P.M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race WHITE
6. (b) Name of husband or wife IRENE
6. (c) Age of husband or wife if alive 44 years
7. Birth date of deceased Nov. 25 1901
(Month) (Day) (Year)

Immediate cause of death Broken Femur
Duration few minutes

8. AGE: Years Months Days If less than one day
45 6 17 hr. _____ min.

Due to Fracture Cervical Vertebra
Due to _____

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

Other conditions _____
(Include pregnancy within 3 months of death)

10. Usual occupation RESORT OWNER

Major findings: _____
Of operations _____

11. Industry or business _____

Of autopsy _____

12. Name ROBT. E. WALBRIDGE

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

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

14. Maiden name MARY A. SMITH
(City, town, or county) (State or foreign country)

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

16. (a) Informant IRENE WALBRIDGE

(b) Address OSAGE BEACH, MO.

17. (a) REMOVAL (b) Date thereof 6-13-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation WARRENSBURG

18. (a) Signature of funeral director James D. Phillips
(b) Address ELDON, MO.

19. (a) 6-13-46 (b) Alvoretta Walt
(Date received local registrar) (Registrar's signature)

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

(a) Accident, suicide, or homicide (specify) Accident 15

(b) Date of occurrence 6-12-46

(c) Where did injury occur? Osage Beach Camden MO
(City or town) (County) (State)

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

While at work? yes (Specify type of place) _____
(e) Means of injury fell off water tower

23. Signature M. E. Humphrey (M. D. or other) Coroner D.D. 2
Address Tuscumbia, Mo. Date signed 6-12-46

4-16-46
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 7-8-46

FEB 3 1947

APR 16 1947

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.....

Leuis D. Phillips

....., Registered Apprentice No.....

working under my personal supervision.

Signed

Leuis D. Phillips

Licensed Embalmer No. 36603

P. O. Address Edson

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.