No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18560

FILED JUL 15 1948

Registration District No. 1

Primary Registration District No. 3000

Registrar's No. 224

1. PLACE OF DEATH:
(a) County Adair
(b) City or town Kirksville Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Community Nursing Home #14
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ~~Four~~ Three days (Specify whether
In this community Eight years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Adair 1
(c) City or town Kirksville 8 yrs 3
(If outside city or town limits, write "RURAL")
(d) Street No. 3
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Charles A. Walsworth
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex MO
5. Color or race White
6. (a) ~~Single~~, widowed, ~~married~~, ~~divorced~~ 2
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb (Month) 19th (Day) 1862 (Year)

8. AGE: Years 86 Months Feb Days 19 If less than one day hr. min.

9. Birthplace Jones County (City, town, or county) Iowa (State or foreign country) 1
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name Stephen Walsworth
13. Birthplace Onslow Iowa (State or foreign country) 1
MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country) 1
16. (a) Informant Malle Mason
(b) Address 1702 S. Porter Kirksville Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-48 (Month) (Day) (Year)
(c) Place: burial or cremation Bear Creek Country
18. (a) Signature of funeral director Joseph R. Hunt
(b) Address 316 S. Mulanex
19. (a) 7-24-48 (Date received local registrar) (b) Kirksville Mo Hato Hammert (Registrar's signature) 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 9
year 1948 hour 12 minute 40 A.M.
21. I hereby certify that I attended the deceased from 7 mo 5 day, 1948, to 7 mo 9 day, 1948, that I last saw him alive on July 9th, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Medullary failure	24 hrs
Due to Apoplexy	5 days
Due to Arteriosclerosis	years
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN

Underline the cause of 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? (Specify type of place) 2
While at work? (e) Means of injury
23. Signature M. T. Gutenwohn (or other) DO
Address Kirksville, Mo Date signed 7-9-48

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

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 7-48-1248
Date Filed JUL 1-3-1948

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, [redacted] Registered Apprentice No. working under my personal supervision.

Signed Joseph R. Hunt.

Licensed Embalmer No. 4406

P. O. Address Kirkville, 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.