. No. 2
—1/47
S-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUL 15 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

19295

State File No.

Registration District No. 137 | Primary Registration District No. 5513 | Registrar's No. 146

1. PLACE OF DEATH:
(a) County HENRY
(b) City or town CLINTON RURAL
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: AT HOME LEESVILLE TWP
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 3 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County HENRY 42
(c) City or town CLINTON R #2 0
(If outside city or town limits, write "RURAL")
(d) Street No. LEESVILLE, TWP 0
(If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME NICHOLAS, E, WALRATH
3. (b) If veteran, name war W W NL
3. (c) Social Security No. 486-07-5277
4. Sex MALE 0
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of ~~husband~~ or wife ELISABETH. F. WALRATH
6. (c) Age of ~~husband~~ or wife if alive 33 years
7. Birth date of deceased JAN (Month) 13 (Day) - 1897 (Year)

8. AGE:

Years	Months	Days	If less than one day
51	5	22	hr. min.

9. Birthplace ST, CLAIR, CO (City, town, or county) MO (State or foreign country) 11
10. Usual occupation FARMER
11. Industry or business
FATHER
12. Name unknown
13. Birthplace " " (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name unknown
15. Birthplace " (City, town, or county) (State or foreign country)
16. (a) Informant ELIZABETH. WALRATH
(b) Address CLINTON MO
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 7-8-48 (Month) (Day) (Year)
(c) Place: burial or cremation ENGLEWOOD. CEM
18. (a) Signature of funeral director CONSALUS. + PECK
(b) Address CLINTON MO
19. (a) 7-6-48 (Date received local registrar) (b) R. R. Kenney (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5
year 1948 hour 7 minute 30 P.M.
21. I hereby certify that I attended the deceased from ..... 19..., to ..... 19...
that I last saw ..... alive on ..... 19...
and that death occurred on the date and hour stated above.

Dead on Arrival

	Duration
Immediate cause of death	
Due to Coronary Occlusion	Immediate
Due to	
Other conditions Chronic Myocarditis (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)
While at work? (e) Means of injury
23. Signature R. S. Hallingsworth M. D. or other Coroner.
Address Clinton Mo. Date signed 7/6/48.

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

JUL 29 1948
AUG 24 1948

RECEIVED
District Health Officer No
District File Number 802
Date Filed 7-19-48

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 R P Kerney

Licensed Embalmer No. 3099

P. O. Address Clinton 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.