

FILED AUG 7 1950 STANDARD CERTIFICATE OF DEATH

State File No. 22702 Registrar's No. 56

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 15 PRIMARY REG. DIST. NO. 3004

1. PLACE OF DEATH a. COUNTY <b>BARTON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>BARTON</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>LAMAR</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>LAMAR</b>	
c. LENGTH OF STAY (in this place) <b>32 yrs</b>		d. STREET ADDRESS (If rural, give location) <b>0061</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <b>0</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>MARLOS</b> b. (Middle) <b>KATHERINE</b> c. (Last) <b>WALTERS</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>JULY 26 1950</b>		
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>13 1913</b>	9. AGE (In years last birthday) <b>37</b>	IF UNDER 1 YEAR: Months <b>3</b> Days <b>13</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>OWN HOME</b>		11. BIRTHPLACE (State or foreign country) <b>LAMAR, MISSOURI</b>	
12. CITIZEN OF WHAT COUNTRY? <b>US</b>		13a. FATHER'S NAME <b>JOHN G. SNIP</b>		13b. MOTHER'S MAIDEN NAME <b>MATTIE C. CORDELLIA</b>	

14. NAME OF HUSBAND OR WIFE <b>CLIFFORD A. WALTERS</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>MATTIE C. SNIP,</b>		ADDRESS <b>LAMAR, MO.</b>			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Virus Pneumonia</b>			INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>lung and pleural + bronch. blastema</b>			6 M.	
		DUE TO (c)			492X	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Lamar Barton Mo</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **Feb 10, 1950**, to **July 26, 1950**, that I last saw the deceased alive on **July 26, 1950**, and that death occurred at **11:45 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>DR. Gaudner M.D.</b>		23b. ADDRESS <b>L.M.M.R.</b>		23c. DATE SIGNED <b>7-27-50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>3</b>		24b. DATE <b>JULY 28 1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Olive Mausoleum</b>	
				24d. LOCATION (City, town, or county) (State) <b>PITTSBURG, KANSAS</b>	

DATE REC'D BY LOCAL REG. <b>JUL 27</b>		REGISTRAR'S SIGNATURE <b>Marie Konantz</b>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <b>KONANTZ FUNERAL HOME LAMAR, MO.</b>	
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(Licensed Embalmer's Statement on Reverse Side)

No. 300 10.48 061 WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

DIVISION OF HEALTH OF MO.

District No. 5 - Springfield

RECEIVED JUL 31 1950

Dist. File 750-898

Date Filed 7-31-50

MAR 28 1952

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed Walter J. Konantz

Licensed Embalmer No. 4773

P. O. Address Lamar, 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.