

REC'D APR 18 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

11486
Do not use this space.

1. PLACE OF DEATH
 (a) County MILLER Registration District No. 561
 (b) Township SALINE Primary Registration District No. 5753-A Registered No. 28
 (c) City ELDON (d) Street No. Out in country St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 0 yrs. 0 mos. 1/2 ds. (f) How long in U.S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. PRINT FULL NAME WALTER ALFRED ENGRAV 526
 (a) Residence, No. _____ St. Rushford Minn
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF MILDRED ENGRAV

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-7-1905

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>32</u>	<u>8</u>	<u>21</u>	

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. CRANE OPERATOR
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) PETERSON (STATE OR COUNTRY) MINN

FATHER
 13. NAME John H ENGRAV
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) NORWAY

MOTHER
 15. MAIDEN NAME MINNIE HERSRUD
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) IOWA

17. INFORMANT HENRY A ENGRAV (ADDRESS) Nok, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE PETERSON MINN 3-30-38

19. FUNERAL DIRECTOR Ellon Funeral Home (ADDRESS) Ellon Mo

20. FILED 3-29 1938 Belle Haynes local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/28 1938

22. I HEREBY CERTIFY, That I attended deceased from _____, 1938 - 3/28, 1938
 I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ a. m.
 The principal cause of death and related causes of importance were as follows:
Suicide - Gunshot wound
 Date of onset 3/28/38

Other contributory causes of importance: 167'

Name of operation _____ Date of _____
 What test confirmed diagnosis? Vitrus Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Suicide Date of injury 3/28, 1938
 Where did injury occur? Miller Co. Mo.
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Self inflicted
 Nature of injury 25 Cal. automatic

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify Asst. W. Waller M. D.
 (Signed) _____
 (Address) Edou, Mo. Coroner of Miller Co. Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

RESERVED FOR BINDING

V. S. NO. 2
501-7-20-37
I X12004

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MAY 20 1955

STATEMENT BY LICENSED EMBALMER

I, Keith McKays, Licensed Embalmer No. 3998

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed Keith McKays
Licensed Embalmer No. 3998

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.)