

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.

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

REC'D MAR 10 1939

6472

Do not use this space.

1. PLACE OF DEATH
(a) County Franklin Registration District No. 296
(b) Township Union Primary Registration District No. 5413
(c) City 1 (d) Street No. 1 St. 1
(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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
430 Henry Joseph Walde
2. PRINT FULL NAME
(a) Residence, No. 1 St. 1 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sarah Walde (Dec)
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 21/1862
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 1 26

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Beaufort Mo.

13. NAME Boneafactnes Walde

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Miss Helen Walde (ADDRESS) Beaufort Mo.

BURIAL, CREMATION, OR REMOVAL None Mo St Joe Cath Cent Feb 20 1939

19. FUNERAL DIRECTOR E. A. Tenme (ADDRESS) Beaufort Mo.

20. FILED 2/18/1 1939 Louis F. Hurrell Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 17 1939
22. I HEREBY CERTIFY, That I attended deceased from Apr. 13 1936 to Feb 17 1939
I last saw him alive on Feb 16 1939 Death is said to have occurred on the date stated above, at 12:40 A.M.
The principal cause of death and related causes of importance were as follows:

Cerebral Apoplexy 12/1/36

Other contributory causes of importance: Chronic myocarditis

Name of operation None Date of None

What test confirmed diagnosis? None Was there an autopsy? None

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? None Date of injury None, 19 None
Where did injury occur? None (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. None

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? None
If so, specify None (Signed) L. F. Matthews M. D.
(Address) Beaufort, Mo.

STATEMENT BY LICENSED EMBALMER

I, E. H. Lemme, Licensed Embalmer No. 3076
hereby certify that the body recorded on the reverse side of this certificate was embalmed by E. H. Lemme
L. E.
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.
Signed E. H. Lemme
Licensed Embalmer No. 3076

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.)