

Registration District No. 2193

Primary Registration District No. 5411

Registrar's No.

## 1. PLACE OF DEATH:

- (a) County Franklin 2  
(b) City or town Rural (Boles)  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution (Rural) Boles  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Three years (Specify whether years, months or days)

3. (a) PRINT  
FULL NAMEClara Walz 4203. (b) If veteran,  
name war.3. (c) Social Security  
No.4. Sex Female 5. Color or race White 6. (a) Single, widowed, married,  
divorced Single6. (b) Name of husband or wife. 6. (c) Age of husband or wife if  
alive. years7. Birth date of deceased April 12-1873  
(Month) 3 (Day) 22 (Year)8. AGE: Years 66 Months 3 Days 22 If less than one day  
hr. min.9. Birthplace Hollow Mo.  
(City, town, or county) (State or foreign country)10. Usual occupation House work11. Industry or business At home 012. Name Frederick Walz 413. Birthplace Germany  
(City, town, or county) (State or foreign country)14. Maiden name Matilda Schlemper15. Birthplace Germany  
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Dr. Krausch(b) Address Pacific Mo. R. #117. (a) Burial (b) Date thereof Aug. 6-1939  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Schlemper Cem. St. Louis, Co.18. (a) Signature of funeral director Harry Schrader(b) Address Ballwin, Mo.19. (a) 8-6-39 (b) Mary B. Bess  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Franklin 1  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. Bassett Rd.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 4th  
year 1939 hour 8 AM minute M.21. I hereby certify that I attended the deceased from Aug 1st  
1939, to Aug 4th 1939;that I last saw her alive on Aug 1st 1939  
and that death occurred on the date and hour stated above.Immediate cause of death Acute cardiac  
Dilatation DurationDue to Hypertension (simple)Due to 4564Other conditions 4564  
(include pregnancy within 3 months of death)Major findings:  
Of operations

Of autopsy

Underline the cause to 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?

While at work? (Specify type of place)

23. Signature B. G. Krausch (M. D. or other) MDAddress Creme Court Mo. Date signed 8/4/39

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**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

*Thos. Schrader*

Licensed Embalmer No.

*3066*

P. O. Address

*Bellwin, Mo*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**