

Registration District No. 4067

Primary Registration District No. 4267

1. PLACE OF DEATH:

(a) County Laclede
(b) City or town Lebanon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Wallace Memorial Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Joseph William Walters 431

3. (b) If veteran, name war. None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife. Phoebe A. Walters 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept 26 1865
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>5</u>	<u>17</u>	_____ hr. _____ min.

9. Birthplace Camden County Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer & Blacksmith

11. Industry or business _____

12. Name Joseph Walters

13. Birthplace Camden County Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Mary E. Scott

15. Birthplace Camden County Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature George Walters

(b) Address Crocker, Mo.

17. (a) _____ (b) Date thereof March 15, 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crocker Cemetery

18. (a) Signature of funeral director J. L. Hoops & Sons

(b) Address Crocker, Mo.

19. (a) 3-19-1940 (b) Ja M. Coomb
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 13th
year 1940 hour 7:45 minute AM

21. I hereby certify that I attended the deceased from March 6th
1940, to March 13, 1940
that I last saw him alive on March 13, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Valvular Heart Disease
Cardio-nephritis
Duration 5 yrs.

Due to _____

Due to _____ 92 W

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: no

Of operations _____

Of autopsy no

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?
401
While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature P. J. ... (M. D. or other) _____

Address Pulaski, Mo Date signed 3/14/40

PHYSICIAN

Underline the cause to which death should be charged statistically

Rev. 5-17-39
Form 1 X19311

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

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.

RECEIVED

District Health Officer No. 7,

District File Number 4-110-645

Date Filed 4-12-40

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 Paul B. Hoops

Licensed Embalmer No. 3261

P. O. Address Crocker 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, above space should be left blank.