DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28955

SEP 23 [illegible] 477 — Registration District No. 4286 — Primary Registration District No. 4286 — Registrar's No. 20

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 CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very impo

1 X19511

1. PLACE OF DEATH:

(a) County Lewis

(b) City or town Canton (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2 (If not in hospital or institution, write street number or location)

(d) Length of stay: In this community 5 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County County

(c) City or town Canton (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.

3. (a) PRINT FULL NAME Morgan Walters 436

3. (b) If veteran, name war.

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 Ella Prosser

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Sept. (Month) 8, (Day) 1857 (Year)

8. AGE: Years 82 | Months 7 | Days 19 | If less than one day hr. min.

9. Birthplace Indiana (City, town, or county) (State or foreign country)

10. Usual occupation Retired farmer

11. Industry or business

FATHER 12. Name George Erron Walters

13. Birthplace Germany (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name Ann Bruce

15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Della Mumsford

(b) Address Canton, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 30, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Harmony cemetery Novelty, Mo.

18. (a) Signature of funeral director Lloyd R. Buckley

(b) Address Canton Mo.

19. (a) May 31 1940 (Date received by local registrar) (b) R. W. Jennings (Registrar's signature)

July 30-1940

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27 year 1940 hour 3 minute 30 M.

21. I hereby certify that I attended the deceased from several yrs , 19 to death , 19 ; that I last saw him alive on 5/26/40 , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death carcinoma of mouth and throat	2 year
Due to toxemia	
Due to	
Other conditions (Include pregnancy within 3 months of death) None	

PHYSICIAN

Major findings: Of operations operated a few months at Savannah

Of autopsy

290

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?

657

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

23. Signature Earl Parks (M. D. or other) D.O.

Address Canton Mo. Date signed 5/29/40

(Licensed Embalmer's Statement on Reverse Side)

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 Earl A Barkley

Licensed Embalmer No. 2615

P. O. Address Carrollton 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.

No. 2B
2-21-40

DEPARTMENT OF COMMERCE
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MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2892-S

Registration District No. 477

Primary Registration District No. 4286

Registrar's No.

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

1. PLACE OF DEATH:
(a) County Lewis
(b) City or town Canton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town
(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.

3. (a) PRINT FULL NAME Morgan Walters
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced wid
6. (b) Name of husband or wife
6. (c) Age of husband, or wife, if alive years

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 82 Months 7 Days 19 If less than one day hr. min.

9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received by local registrar) (b) (Registrar's signature)

SUPPLEMENTARY 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27
year 1940 hour minute M.
21. I hereby certify that I attended the deceased from , 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of mouth and throat — Duration

Due to Toxemia. So far and could tell the primary seat was lower lip,

Due to chin & sublingual glands

N. M. D.

Other conditions (Include pregnancy within 3 months of death) Operated on few months ago at Fairmont

Major findings:
Of operations
Of autopsy 45

PHYSICIAN

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

23. Signature Dr Earl Porter (M. D. or other) D.O.
Address Canton Mo. Date signed 9/11/40