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Registration District No. 213

Primary Registration District No. 3014

Registrar's No. 247

1. PLACE OF DEATH:

(a) County Cole
(b) City or town Jefferson City, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days
(Specify whether
In this community 78
years, months or days)

3. (a) PRINT FULL NAME Albert Benton Walther

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 marrie

6. (b) Name of husband or wife Amadine Walther 6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased May 28 1863
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 3 17 hr. min.

9. Birthplace Cole County, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Retired policeman a

11. Industry of business g

12. Name Albert Walther

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

14. Maiden name Martha Walther

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

16. (a) Informant Mrs. A. B. Walther

(b) Address Centertown, Mo

17. (a) Burial (b) Date thereof Sept 10 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Upper Newbern

18. (a) Signature of funeral director Mark E. Gannon

(b) Address Jefferson City, Mo

19. (a) 9/10/40 (b) D. W. Spencer M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 14th
year 1940 hour 5 minute 15 M.

21. I hereby certify that I attended the deceased from Sept 11
1940 to Sept 14 1940
that I last saw him alive on Sept 14 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris

Due to Atherosclerosis

Due to CH

Other conditions Arterio Sclerosis
(Include pregnancy within 3 months of death)
with Retention of Urine

Major findings:
Of operations _____
Of autopsy _____

Duration
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)
(a) Means of injury _____

23. Signature L. D. Taylor (M.D. or other)
Address Jefferson City, Mo Date signed 9/10/40

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

MOTHER FATHER

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 *Joseph J. Gordon*
Licensed Embalmer No. *1786*
P. O. Address *Jefferson City, 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, fact should be so stated above.