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3-40
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K23139

FILED OCT 18 1940

Registration District No. 568

Primary Registration District No. 5762

Registrar's No. 131

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

1. PLACE OF DEATH: Mississippi

(a) County: _____

(b) City or town: Charleston--Rural

(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 _____

In this community 2 months 24 days (Specify whether years, months or days) 2

3. (a) PRINT FULL NAME: Donnie Eugene Walters

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: Infant

6. (b) Name of husband or wife: None

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

7. Birth date of deceased: June 21st, 1940

(Month) (Day) (Year)

8. AGE: Years XXX Months 2 Days 24

If less than one day _____ hr. _____ min.

9. Birthplace: Charleston Missouri

(City, town, or county) (State or foreign country)

10. Usual occupation: Infant

11. Industry or business: X X X

12. Name: Tyrus Walters

13. Birthplace: Polk County Illinois

(City, town, or county) (State or foreign country)

14. Maiden name: Julia Weakley

(City, town, or county) (State or foreign country)

15. Birthplace: Gravel Ridge Missouri

(City, town, or county) (State or foreign country)

16. (a) Informant: Tyrus Walters

(b) Address: Charleston Mo R#1

17. (a) Burial (b) Date thereof: Sept 16, 1940

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Dogwood Cemetery

18. (a) Signature of funeral director: Lair-Nunnelee

(b) Address: Charleston, MO

19. (a) Sept 24-40 (b) J. S. Vernon

(Date of local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Mississippi

(c) City or town: Charleston R#1

(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 Sept day 15

year 1940 hour 12 minute 15 p. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death: Dehydration

Due to: Stomachitis

Due to: _____

Other conditions: 11/2/40

(Include pregnancy within 3 months of death)

Major findings: _____

Of: operations _____

Of autopsy _____

Duration _____

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? 745

(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature: E. Charles Salway (M. D. or other) _____

Address: Charleston, MO Date signed _____

RECEIVED

District Health Officer No.

District File Number 1040-12

Date Filed 10/3/40

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.....

Licensed Embalmer No.....

P. O. Address.....

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, fact should be so stated above.