

Registration District No. **171**

Primary Registration District No. **5289**

1. PLACE OF DEATH: **Chariton**  
(a) County **Chariton**  
(b) City or town **Keytesville** **FILED DEC 1940**  
(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)  
In this community **9 months** years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Mo** (b) County **Chariton**  
(c) City or town **near Keytesville Rural**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **0** (If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years

3. (a) PRINT FULL NAME **Edith M. Waller**  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **Nov.** day **16**  
year **1940** hour **11** minute **40 a.m.**  
21. I hereby certify that I attended the deceased from **Nov 11**  
**1940**, to **Nov 16** **1940**  
that I last saw her alive on **Nov 14** **1940**  
and that death occurred on the date and hour stated above.

4. Sex **Female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **widowed**  
6. (b) Name of husband or wife **Albert M Wallar** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **Oct 2 1867**  
(Month) (Day) (Year)

Immediate cause of death **acute bronchitis**  
Due to **acute catarrhal pneumonia**  
Due to \_\_\_\_\_  
Other conditions **hypertension**  
(Include pregnancy within 6 months of death)

8. AGE: Years **73** Months **1** Days **14** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

9. Birthplace **Allamakee Co Iowa**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife retired**

MOTHER FATHER  
11. Industry or business \_\_\_\_\_  
12. Name **Robert Bailey**  
13. Birthplace **unknown**  
(City, town, or county) (State or foreign country)  
14. Maiden name **unknown**  
15. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

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)  
(e) Means of injury \_\_\_\_\_

16. (a) Informant's own signature **Floyde Waller**  
(b) Address **Keytesville Mo**

17. (a) **Burial** (b) Date thereof **Nov. 18 1940**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Rocke Cemetery**

18. (a) Signature of funeral director **James M. Laughlin**  
(b) Address **Marcelline Mo.**

19. (a) **11-19-40** (b) **Mrs. R. R. ...**  
(Date received local registrar) (Registrar's signature)

23. Signature **J. H. ...** (M. D. or other) **159**  
Address **Salesbury Mo** Date signed **Nov 18 1940**

SEE GRADING 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.

FILED  
at File Number  
17-11-40  
of Health Officer No. 8,  
DIED

**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 Blanche M Laughlin  
Licensed Embalmer No. 1909  
P. O. Address Moraine 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.**