

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

38663

State File No.

Registration District No. 300

Primary Registration District No. 5417

Registrar's No. 16

1. PLACE OF DEATH

- (a) County Franklin
(b) City or town Rural Lyon
(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

In this community all his life
years, months or days

3. (a) PRINT FULL NAME AUGUST H. WALKENHORST

8. (b) If veteran, name war 8. (c) Social Security No.

4. Sex MALE 5. Color or race W 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife CLARA WALKENHORST 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased JUNE 14 1877
(Month) (Day) (Year)

8. AGE: Years 63 Months 3 Days 25 If less than one day hr. min.

9. Birthplace New Haven (City, town, or county) Mo (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name Fritz Walkenhorst

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

14. Maiden name Elizabeth (City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. Aug. Walkenhorst

- (b) Address New Haven

17. (a) Burial (b) Date thereof Oct 13-40
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation Port St. Charles

18. (a) Signature of funeral director L. H. Berger & Son

- (b) Address New Haven, Mo.

19. (a) 10/12/40 (b) J. H. Matthews
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Franklin

- (c) City or town 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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 8
year 1940 hour 8 minute 2 M.

21. I hereby certify that I attended the deceased from April 18, 1940, to Oct. 8, 1940;

- that I last saw him alive on Oct. 1, 1940;
and that death occurred on the date and hour stated above.

- Immediate cause of death Carcinoma of Colon Duration 2 yrs.

- Due to fb

- Due to

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

- Major findings: Of operations Carcinoma of Colon

- Of autopsy

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?

- 271 (Specify type of place) (a) Means of injury 3
While at work?

23. Signature G. W. Held (M. D. or other) D.O.

- Address New Haven, Mo. Date signed 10/14/40

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 me.

_____, Registered Apprentice No. _____
working under my personal supervision.

Signed Earl Fertig

Licensed Embalmer No. 3385

P. O. Address _____

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.