

No. 2
-13-40
17-39
MAY 1962
7

JAN 8 1941 304
Registration District No.

Primary Registration District No. 6421

1. PLACE OF DEATH:

(a) County. Gasconade
(b) City or town. Gasconade W. Missouri
(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. 45 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Gasconade
(c) City or town Gasconade
(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. GEORGE ADAM WALTHERS

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Elizabeth Walther 6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased Nov. 12 1870
(Month) (Day) (Year)

8. AGE: Years 70 Months 1 Days 4 If less than one day hr. _____ min. _____

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

10. Usual occupation Merchant

11. Industry or business General Mercantile

12. Name John Walther

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

14. Maiden name Caroline Walther

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

16. (a) Informant Thomas Walther

(b) Address Gasconade, Missouri

17. (a) Burial (b) Date thereof 12/18/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Gasconade Cemetery

18. (a) Signature of funeral director. Hugo H. Blumer

(b) Address Hermant, Missouri

19. (a) 12-21-1940 (b) FRICKER
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 16 year 1940 hour not known M.

21. I hereby certify that I attended the deceased from Coroner's Inquest, 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 Came to his death by suicide by hanging

Due to _____
Due to _____

Other condition Coroner's Jury verdict
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy 165

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) suicide

(b) Date of occurrence Dec. 16-1940

(c) Where did injury occur? his home
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

275 While at work? no (Specify type of place) Hanging
(e) Means of injury

23. Signature Ed Bunge (M. D. or other) Coroner

Address Bland Mo Date signed 12-16-40

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.....

Hugo H. Blum

Licensed Embalmer No.....

3160

P. O. Address..... Hermann, Missouri

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.