

No. 2  
11-10-39  
-17-39  
X 21492

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **7724**

**MAR 20 1941**  
Registration District No. **625**

Primary Registration District No. **3031**

Registrar's No. **29**

1. PLACE OF DEATH:  
(a) County **Nodaway**  
(b) City or town **Maryville**  
(If outside city or town limits, write "RURAL," and name of township)  
(c) Name of hospital or institution **1**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **7 yrs.**  
In this community **7 yrs.**  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Mo.** (b) County **Nodaway 74**  
(c) City or town **Maryville 1**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **3rd & Walnut Sts. 2**  
(If rural, give location **0**)  
(e) If foreign born, how long in U. S. A. ? **0** years.

3. (a) PRINT FULL NAME **FREDRICK JAMES WALTERS.**

3. (b) If veteran, name war **No.** 3. (c) Social Security No. **497-12-2722**

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

6. (b) Name of husband or wife **Bessie Walters.** 6. (c) Age of husband or wife if alive **13** years

7. Birth date of deceased **Mar. 13, 1872**  
(Month) (Day) (Year)

8. AGE: Years **68** Months **11** Days **13.** If less than one day hr. min.

9. Birthplace **Sardis, Ohio**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Apartment Janitor.**

11. Industry or business

12. Name **Ben Walters.**

13. Birthplace **Berne 5 Switzerland**  
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Ann Hedinger**

15. Birthplace **Berne 5 Switzerland**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Vernard Walters.**  
(b) Address **Clarinda Iowa.**

17. (a) **Removal** (b) Date thereof **Feb. 28, 1941**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Brooks Iowa.**

18. (a) Signature of funeral director **John W. Price.**  
(b) Address **Maryville Mo.**

19. (a) **2-27-41** (b) **Mamie Clardy**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **Feb** day **25**  
year **1941** hour **2** minute **45P.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 **Cerebral Hemorrhage**

Due to \_\_\_\_\_  
Due to **GAN**  
Other conditions (Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy **Cerebral Hemorrhage**

Duration  
PHYSICIAN  
Underlines 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? \_\_\_\_\_

**556**  
While at work (Specify type of place) (a) Means of injury \_\_\_\_\_

23. Signature **DR. Jackson, M.D.** (M. D. or other) \_\_\_\_\_  
Address **Maryville, Mo.** Date signed **2-26-41**

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

---

---

**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 John W. Price

Licensed Embalmer No. 3229

P. O. Address Maryville 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.**