

FILED JUL 18 1949

1. PLACE OF DEATH:

(a) County JEFFERSON
(b) City or town KIMMSWICK Rock
(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 _____ (Specify whether _____)
In this community _____ years, months or days

3. (a) PRINT FULL NAME LONNIE DALE WALTERS

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

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

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

7. Birth date of deceased OCT 11 1940
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
none 7 21 hr. min.

9. Birthplace MO 0
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name APLE WALTERS
13. Birthplace unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name ANICE HASSNERS
15. Birthplace MO 0
(City, town, or county) (State or foreign country)

16. (a) Informant Oliver M. Walters

(b) Address KIMMSWICK MO

17. (a) BURIAL (b) Date thereof JUNE 5 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation COLLEGE HILL

18. (a) Signature of funeral director HEINIGTAG FUNERAL HOME

(b) Address KIMMSWICK MO

19. (a) June 4 '41 (b) Phil G. Kirk
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County JEFFERSON
(c) City or town KIMMSWICK MO
(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 June day 3rd
year 1941 hour 5 minute a. M.

21. I hereby certify that I attended the deceased from June 2, 1941, to June 3rd, 1941, that I last saw him alive on June 2, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia?
Due to Measles LWK
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____
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? 384
White at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature Thomas J. Sum (M. D. or other) 0
Address Barnhart MO Date signed 6-9-41

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 *Elmer Heiligtag*.....

Licensed Embalmer No. *3571*.....

P. O. Address *Kimmerich, 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.