

FILED FEB 11 1942
Registration District No. 668

Primary Registration District No. 3032

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

1. PLACE OF DEATH:
(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Bothwell Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 26 days
(Specify whether years, months or days)
In this community 3 months

2. USUAL RESIDENCE OF DECEASED:
(a) State California (b) County Monterey
(c) City or town Monterey
(If outside city or town limits, write "RURAL")
(d) Street No. Del Monte Hotel
(If rural, give location)
(e) Citizen of foreign country? 2 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Margaret S. Walser
3. (b) If veteran, name war _____ 3. (c) Social Security No. 546-03-4083

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan. day 11 year 1942 hour 6 minute 30 P. M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Mark Walser 6. (c) Age of husband or wife if alive 1878 years

21. I hereby certify that I attended the deceased from Dec. 19, 1941, to Jan 11, 1942, that I last saw her alive on January 11, 1942 and that death occurred on the date and hour stated above.

7. Birth date of deceased March 6 (Month) (Day) (Year) 1878
8. AGE: Years 63 Months 10 Days 5 If less than one day hr. min.

Immediate cause of death Cerebral haemorrhage

9. Birthplace Wabsaw Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Cook

Due to arteriosclerosis admodum
Due to Chronic myocarditis with edema

11. Industry or business Hotel
12. Name John P. Scott
13. Birthplace Ireland (City, town, or county) (State or foreign country)
14. Maiden name Kate Pinkerton
15. Birthplace Penn. (City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 930
Of autopsy _____

16. (a) Informant Mrs. Anna Logan
(b) Address Sedalia, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/14/42 (Month) (Day) (Year)
(c) Place: burial or cremation Crown Hill

PHYSICIAN
Underline the cause to which death should be charged statistically.

18. (a) Signature of funeral director Gillespie Funeral Home Sedalia, Mo.
(b) Address _____
19. (a) 1-14-42 (Date received local registrar) (b) Mrs. Anna Berger (Registrar's signature)

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 _____
23. Signature Ernest Guilfoyle (M. D. or other) MD
Address Sedalia, Missouri Date signed Jan 13-42

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 2-10-42

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.....

L. E. Bouldin

Licensed Embalmer No. 3867

P. O. Address.....

Sedalia, 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, fact should be so stated above.