

No. 2
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FILED MAY 5 1942

State File No. _____

Registration District No. _____

Primary Registration District No. 3010

Registrar's No. 5769

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

1. PLACE OF DEATH:

(a) County Carroll

(b) City or town Carrollton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Stanton Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 weeks
(Specify whether)

In this community many years
(years, months or days)

3. (a) PRINT FULL NAME Charles H. Walden

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years (Day) _____ (Year)

7. Birth date of deceased Aug. 8 1867
(Month) (Day) (Year)

8. AGE: Years 74 Months 8 Days 15 If less than one day hr. _____ min. _____

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Frank Walden

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

14. Maiden name Julia Stillman

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

16. (a) Informant Edna Walden

(b) Address Carrollton Mo

17. (a) Burial (b) Date thereof 4-25-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cem

18. (a) Signature of funeral director Stanley

(b) Address Carrollton Mo

19. (a) 4-24-42 (b) Mrs. James Rafferty
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Carroll

(c) City or town Carrollton
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23 year 1942 hour 1:10 minute 50 M: A

21. I hereby certify that I attended the deceased from April 1 1942 April 23 1942 that I last saw him alive on April 23 and that death occurred on the date and hour stated above. 1942

Immediate cause of death Acute Kidney Duration 6 weeks

Due to Poison

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? 0

While at work? 0 (Specify type of place)

(e) Means of injury 0

23. Signature R. Hamilton Stanton Date signed April 23 1942

Address Carrollton, Mo

MAY 7 1942

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 5-4-42

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 *Ben W. Gibson*

Licensed Embalmer No. *2961*

P. O. Address *Carrollton, Ga.*

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. Primary Registration District No. Registrar's No.

1. PLACE OF DEATH:

(a) County Carroll

(b) City or town Carrollton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Staten Hosp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 wks
(Specify whether)

In this community wife
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Carroll

(c) City or town Carrollton
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country?
(Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Charles H. Walden

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

20. DATE OF DEATH: Month April day 9
year 1942 hour 10 minute 30 a.m.

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced s

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive 8 years

7. Birth date of deceased Aug-8-1867
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from
that I have a lawfully live on
and that death occurred on the date and hour stated above.

Immediate cause of death acute kidney poison

8. AGE: Years 74 Months 8 Days 0
If less than one day min.

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

Due to I do not know

Due to

Other conditions 130
(Include pregnancy within 3 months of death)

10. Usual occupation

11. Industry or business

12. Name of father

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

14. Maiden name

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

Major findings: 130
Of operations

Of autopsy

16. (a) Informant (b) Address

17. (a) Carrollton, Mo (b) Date thereof June 3, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director (b) Address

19. (a) Carrollton, Mo (b) Walden
(Date received local registrar) (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? Carrollton, Mo
(City or town) (County) (State)

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

While at work? Yes (e) Means of injury fall

23. Signature Walden or other Walden
Address Carrollton, Mo Date signed June 3, 1942

SUPPLEMENTARY

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

MOTHER FATHER

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

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