

FILED JUL 24 1942

Registration District No. 50 Primary Registration District No. 3004 Registrar's No. 30

1. PLACE OF DEATH:

(a) County Bates

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

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

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates

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

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

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

3. (a) PRINT FULL NAME Benjamin F Walls

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7 year 1942 hour 7:00 minute 20 a. M.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife Mrs B.F. Walls 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased November 9 1872
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 26 1942 to June 27 1942 that I last saw h. _____ alive on _____, 19____ and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis

8. AGE: Years 69 Months 7 Days 28 If less than one day _____ hr. _____ min.

Due to _____

Due to _____

9. Birthplace Near Carlisle Kentucky
(City, town, or county) (State or foreign country)

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

10. Usual occupation FARMER

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: Of operations _____

Of autopsy _____

11. Industry or business _____

MOTHER { 12. Name Wm Walls

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

14. Maiden name Eliza Alexander

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

16. (a) Informant Mrs Ben Walls

(b) Address Butler Mo R.F.D.

17. (a) Burial (b) Date thereof June 9 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crescent Hall

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? _____

18. (a) Signature of funeral director Culvers

(b) Address Butler Mo

19. (a) July 9 1942 (b) Mina L Culver
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature [Signature] (M. D. or other) _____

Address Butler Mo Date signed 7-8-42

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

RECEIVED
District Health Officer No. 7,
District File Number 7-42-811
Date Filed 7-23-42

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..... *C. E. Culan*
Licensed Embalmer No. *2576*
P. O. Address *Burlingame*

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.