S. No. 2
—4-13-40
. 5-17-39
I X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 2 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30060

Registration District No. 59 Primary Registration District No. 5226 Registrar's No. 131

1. PLACE OF DEATH:
(a) County Cass
(b) City or town "Rural" Mt. Pleasant Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ✓
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ✓ (Specify whether
In this community 38 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cass 19
(c) City or town Rural - Belton
(If outside city or town limits, write "RURAL")
(d) Street No. 3 mi. Southwest Belton
(If rural, give location) ✓
(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME DANIEL TOBIE WALTERS.
3. (b) If veteran, name war
3. (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 Feb. (Month) 4 (Day) 1889 (Year)

8. AGE: Years 53 Months 7 Days 16 If less than one day ..... hr. ..... min.

9. Birthplace Delavan (City, town, or county) Illinois (State or foreign country)
10. Usual occupation Farming
11. Industry or business Farm
FATHER
12. Name Benjamin J. Walters II
13. Birthplace Germany (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Teska Kleen
15. Birthplace Germany (City, town, or county) (State or foreign country)
16. (a) Informant Miss Lena Walters
(b) Address Belton, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 22 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Belton, Mo
18. (a) Signature of funeral director B. K. George & Sons
(b) Address Belton, Mo.
19. (a) Sept. 23/42 (Date received local registrar) (b) Margaret Tolle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 20 year 1942 hour 2 minute 20 P. M.
21. I hereby certify that I attended the deceased from Sept 13, 1942, to Sept 20, 1942, that I last saw him alive on Sept 19, 1942, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary occlusion	1 wk
Due to	
Due to 940	
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature R. M. Miller (M. D. or other)
Address Belton Mo Date signed 9-22-42

1047 (Licensed Embalmer's Statement on Reverse Side)

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 A. K. George

Licensed Embalmer No. 3645

P. O. Address Grandview, 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.