

Registration District No. 21923

Primary Registration District No. 3041

Registrar's No. 101

1. PLACE OF DEATH:

(a) County Macon

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

(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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Macon

(c) City or town Macon RR
(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 A

3. (a) PRINT FULL NAME Samuel Lewis Walpe

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 21
year 1942 hour 6 minute 7 M.

21. I hereby certify that I attended the deceased from Nov 16, 1942 to Nov 21, 1942
that I last saw him alive on Nov 21, 1942
and that death occurred on the date and hour stated above.

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

6. (b) Name of husband or wife Mary 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased Apr 27-1877
(Month) (Day) (Year)

Immediate cause of death Myocardial failure Duration 24 hrs

Due to Kidney failure (Anuria) 30 hrs

Due to Previous illness followed by operative shock

Other conditions 126

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

65 6 25 hr. min.

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

10. Usual occupation _____

11. Industry or business Farmer

MOTHER FATHER

12. Name Douglas Walpe

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

14. Maiden name Mary Elizabeth Criseman

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

Major findings: gall bladder had previously ruptured & gall stones free in peritoneal cavity

Of operations _____

Of autopsy _____

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

16. (a) Informant Mrs Mary Walpe

(b) Address RR Macon Mo

17. (a) burial (b) Date thereof Nov 23-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Palwood Cem

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 E. S. Hunsinger (M. D. or other) MD
Address 102 Bouke Macon, Mo. Date signed 12-3-42

18. (a) Signature of funeral director Delbert Skanes

(b) Address Macon

19. (a) 12/3/42 (b) Jora B. Hunkler
(Date received local registrar) (Registrar's signature)

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

61
23

RECEIVED

Death Health Officer No 10

District File Number 12-42-4011

Date Filed Dec. 8, 1942

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..... *J. Paul Arnold*.....

Licensed Embalmer No. 3463.....

P. O. Address..... Macon, 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.