

S. No. 2
M-9-4-41
5-17-39
X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1907

FILED JAN 21 1943

Registration District No. 67

Primary Registration District No. 4107

Registrar's No. 45

1. PLACE OF DEATH:

(a) County Cedar
(b) City or town El Dorado Spgs Mo
(c) Name of hospital or institution 200 South Main
(d) Length of stay: In hospital or institution Four years
In this community Four years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cedar 20
(c) City or town El Dorado Spgs
(d) Street No. 200 S Main
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME WALTER BYRON NATION

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

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

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

7. Birth date of deceased april 19 1876

8. AGE: Years 66 Months 6 Days 20 If less than one day _____ hr. _____ min.

9. Birthplace Lowa

10. Usual occupation Carpenter

11. Industry or business _____

12. Name Walter Nation

13. Birthplace Nebraska

14. Maiden name Mat. Kerner

15. Birthplace Not known

16. (a) Informant Victor A. Nation

(b) Address Cheyenne Wyoming

17. (a) Burial (b) Date thereof 12/14/42

(c) Place: burial or cremation Loveland Colo

18. (a) Signature of funeral director Mohr's Funeral Home

(b) Address El Dorado Spgs Mo

19. (a) 12-12-42 (b) J. D. Runaway, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 9 year 1942 hour _____ minute 30 P.M.

21. I hereby certify that I attended the deceased from Dec 9 1942 to Dec 9 1942 that I last saw him alive on Dec 9 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to Hypertension

Due to _____

Other conditions 830

Major findings: Of operations _____

Of autopsy _____

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? _____

(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 C. H. Sunderwith, M. D.

Address El Dorado Spgs Mo Date signed 12-11-42

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

MOTHER FATHER

1644

(Licensed Embalmer's Statement on Reverse Side)

JAN 21 1948

RECEIVED
District Health Officer No. 7,
District File Number 12-43-1424
Date Filed 1-13-48

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 George W. Mofus
Licensed Embalmer No. 2752
P. O. Address El Dorado Springs

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.