MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

18754
Do not use this space.

JUN 10 1943

1. PLACE OF DEATH
(a) County Pulaski — Registration District No. 290
(b) Township Tavern — Primary Registration District No. 5986 — Registered No. 70 85
(c) City (Rural) — (d) Street No. ____ St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Owen Walters
(a) Residence, No. Pulaski Co. Tavern Ts., Mo. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lorena Walters
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 22, 1881
7. AGE: Years 61 — Months 5 — Days 23 — If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Camden Co. Mo.

FATHER
13. NAME Joseph Walters
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known

MOTHER
15. MAIDEN NAME Mary Cox
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known

17. INFORMANT Lorena Walters
(ADDRESS) Crocker, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Crocker Cem. DATE 5/17/43 19
19. FUNERAL DIRECTOR J. L. HOOPS & SONS.
(ADDRESS) Crocker, Mo.
20. FILED June 3-1943 19 Chas M. Todd Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 15 1943
22. I HEREBY CERTIFY, That I attended deceased from May, 1941, to May 15, 1943
I last saw him alive on May 15, 1943. Death is said to have occurred on the date stated above, at 10 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Failure	5 yrs ago

Other contributory causes of importance:
Renal disease

Name of operation ____ Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 19
Where did injury occur? ____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) John A. Mikulicka M.D.
(Address) Crocker, Mo.

(Licensed Embalmer's Statement on Reverse Side)

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.
V. S. No. 2 50M-7-20-37 I X12604

RECEIVED
Pulaski County Health Officer
File Number b-43-69
Date Filed b- 9-43

STATEMENT BY LICENSED EMBALMER

I, Paul B Hoop, Licensed Embalmer No. 3261

hereby certify that the body recorded on the reverse side of this certificate was embalmed by —

L. E.

No. 3261 or by, Registered Apprentice No.

working under my personal supervision.

Signed Paul B Hoop

Licensed Embalmer No. 3261

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.)