S. No. 2
M—5-42
5-17-39
1 X 28

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 7 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 24736

Registration District No. 75 | Primary Registration District No. 3015 | Registrar's No. 52

1. PLACE OF DEATH:

(a) County Clinton
(b) City or town Cameron
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: North Groat St. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution No. (Specify whether
In this community No Record
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 25

(a) State Missouri (b) County Clinton /
(c) City or town Cameron /
(If outside city or town limits, write "RURAL")
(d) Street No. North Groat St.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Chas. L. DeWalt

3. (b) If veteran, name war No.

3. (c) Social Security No. No.

4. Sex Male

5. Color or race W 0

6. (a) Single, widowed, married, divorced Married /

6. (b) Name of husband or wife Elizabeth C. DeWalt

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased Dec. (Month) 27, 1872 (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
70	6	27	hr. min.

9. Birthplace Mirable (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Retired Farmer.

11. Industry or business

FATHER
12. Name Wm. DeWalt /
13. Birthplace Pennsylvania (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sugan Williams
15. Birthplace CALDWELL Co. I Mo 0 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Elizabeth DeWalt
(b) Address Cameron

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-27-43 (Month) (Day) (Year)
(c) Place: burial or cremation Centralia, Kansas.

18. (a) Signature of funeral director Poland Funeral Home
(b) Address Cameron

19. (a) 7-26-1943 (Date received local registrar) (b) Mrs Kathleen Harris (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24 year 1943 hour 1:45 P.M. minute M.

21. I hereby certify that I attended the deceased from 7-15- 1943, to 7-24- 1943; that I last saw him alive on 7-23- 1943; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	7-15-43
Due to Arterioschlerosis	?
Due to	
Other conditions (Include pregnancy within 3 months of death)	

43W

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 C. E. Bloom (M.D. or other) D.O.
Address Cameron, Mo. Date signed 7-26-43

1086

(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 Gerald I. Wade

Licensed Embalmer No. 4172

P. O. Address Cameron 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.