

FILED JAN 10 1944

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 382

1. PLACE OF DEATH:
 (a) County PETTIS
 (b) City or town SEDALIA
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
1423 S. SNEED
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community 37 YEARS
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State MISSOURI (b) County PETTIS
 (c) City or town SEDALIA
(If outside city or town limits, write "RURAL")
 (d) Street No. 1423 S. SNEED
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME CHARLES FREDRICK WALJE
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month DECEMBER day 15TH
 year 1943 hour 5 minute 57 P. M.
 21. I hereby certify that I attended the deceased from Dec. 12
1943 to Dec. 15, 1943
 that I last saw him alive on Dec. 14, 1943
 and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race WHITE
 6. (a) Single, widowed, married, divorced WIDOWED
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
 alive _____ years
 7. Birth date of deceased 6 12 1864
(Month) (Day) (Year)

Immediate cause of death Pneumo-pneumonia
(Following influenza)
 Duration 3 days

8. AGE: Years Months Days If less than one day
79 6 3 _____ hr. _____ min.

Due to _____
 Due to _____

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

Other conditions Chronic Myo Carditis
(Include pregnancy within 3 months of death)
 Major findings: none made
 Of operations _____
 Of autopsy none made
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

MOTHER FATHER

10. Usual occupation RETIRED
 11. Industry or business M. K. & T. RY.
 12. Name UNKNOWN
 13. Birthplace _____
(City, town, or county) (State or foreign country)
 14. Maiden name UNKNOWN
 15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant JOHN WALJE
 (b) Address SEDALIA
 17. (a) BURIAL (b) Date thereof 12-17-1943
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation CROWN HILL CEM.
 18. (a) Signature of funeral director Gillespie
 (b) Address SEDALIA
 19. (a) 12/16/43 (b) Mrs Anna Berger
(Date received local registrar) (Registrar's signature)

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 Chas. Berger (M. D. or other) _____
 Address 1123 W 7th St Sedalia Date Dec 16 1943

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

664

10 305

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 1-2-44

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 L. E. Bouchier

Licensed Embalmer No. 3867

P. O. Address Sealvia 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.