

FILED MAR 20 1944

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 42

1. PLACE OF DEATH:
(a) County Cole
(b) City or town Jefferson City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
731 Houchin Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community 17 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cole
(c) City or town Jefferson City
(If outside city or town limits, write "RURAL")
(d) Street No. 731 Houchin Street
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Guy W. Walrod
3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex Male 5. Color or Race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Alberta Walrod 6. (c) Age of husband or wife if alive 48 years
7. Birth date of deceased March 8 1892
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
51 11 12 hr. min.

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

10. Usual occupation Civil Engineer

11. Industry or business

12. Name Slius E. Walrod

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

14. Maiden name Mary Doubleday

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

16. (a) Informant Alberta Walrod

(b) Address Jefferson City, Missouri

17. (a) Burial (b) Date thereof Feb-23-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bradshaw, Nebraska

18. (a) Signature of funeral director Shop of Nelson

(b) Address Jefferson City, Missouri

19. (a) 2-22-44 (b) Phyllis Rechter
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 20 year 1944 hour 3 minute P P. M.

21. I hereby certify that I attended the deceased from October, 1943, to Feb 20, 1944, that I last saw him alive on February 20, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings: Of operations 94 a

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? (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) (e) Manner of injury

23. Signature (M. D. or other) md

Address Date signed 2-23-44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

2
43
39
35697

APR 6 1945

RECEIVED
District Health Officer No. 9
District File Number 3/3/44
Date Filed

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 Fred P Dulle

Licensed Embalmer No. 3890

P. O. Address Jeff City 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.