

No. 2
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5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11064

State File No. _____

FILED APR 13 1944

Registration District No. 32

Primary Registration District No. 5475

Registrar's No. 230

40
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Grundy

(b) City or town Galt (Rural) Liberty Dwp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community Life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Grundy

(c) City or town Galt (Rural) Liberty Dwp
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MRS MYRTLE WALTERS

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 11 year 1944 hour 8 minute 10 P.M.

21. I hereby certify that I attended the deceased from March 5th 1944 to March 11th 1944
that I last saw her alive on March 10th 1944
and that death occurred on the date and hour stated above.

4. Sex female 5. Color or race White

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

6. (b) Name of husband or wife Gilbert Walters

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased July 24 1885
(Month) (Day) (Year)

Immediate cause of death Cerebral Hemorrhage Duration 6 days

Due to Hypertension Unknown

Due to Do not know

8. AGE: Years Months Days If less than one day

58	7	16	hr. _____ min.
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9. Birthplace Grundy Co MO
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN J. J. Gal
Underline the cause to which death should be charged statistically.

10. Usual occupation Housewife

11. Industry or business Home

12. Name Leander Evans

13. Birthplace Grundy Co MO
(City, town, or county) (State or foreign country)

14. Maiden name Martha Henderson

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

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) Means of injury _____

23. Signature Chas. J. Roberts (Date signed) March 11th 1944
Address _____

16. (a) Informant Gilbert Walters

(b) Address Galt (Rural)

17. (a) Burial (b) Date thereof 3-13-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Honey Creek Chapel

18. (a) Signature of funeral director D. K. Payne

(b) Address Galt MO

19. (a) 3-14-44 (b) L. J. Roberts
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

1320

March 11th 1944

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 PK Payne Jr

Licensed Embalmer No. 3400

P. O. Address Galt

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.