S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 5 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11481

Registration District No. 199 Primary Registration District No. 5722 Registrar's No. 6

1. PLACE OF DEATH:

(a) County Macon

(b) City or town ~~Callao~~ MoRROW-Rural Callao
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1 — Twp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution —
(Specify whether In this community — years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Macon 61 0

(c) City or town ~~Callao~~ MoRROW-Rural 0
(If outside city or town limits, write "RURAL") Callao

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

(e) Citizen of foreign country? — (Yes or No)
If yes, name country — 0

3. (a) PRINT FULL NAME TALTON PRESS WALLS

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Male

5. Color or race Wh

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

6. (b) Name of husband or wife Lula Walls

6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased 2 (Month) 22 (Day) 1892 (Year)

8. AGE: Years 52 Months 0 Days 13 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Elsie Walls
13. Birthplace (City, town, or county) Ohio 1 (State or foreign country)

MOTHER
14. Maiden name Eric M. Holman
15. Birthplace Callao (City, town, or county) Mo 0 (State or foreign country)

16. (a) Informant Lula Walls
(b) Address Callao Mo R.F.D. # 1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-7-44 (Month) (Day) (Year)
(c) Place: burial or cremation Rose Cemetery

18. (a) Signature of funeral director H. G. Edwards
(b) Address Bevier Mo

19. (a) Mar. 23 1944 (Date received local registrar) (b) W F Allen (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 5 year 1944 hour 4 minute 30 A M.

21. I hereby certify that I attended the deceased from ~~Feb~~ 2, 1943 to Feb 1st, 1944 that I last saw him alive on ~~Apr~~ Feb 1st 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	20 min
Due to —	
Due to —	
Other conditions Chronic Arthritis Deformans	1 yr
(Include pregnancy within 3 months of death)	
Major findings: Of operations —	
Of autopsy no	

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 Cowish (M. D. or other)

Address New Cambria Mo Date signed Mar 20-1944

1043

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 4-44-656
Date Filed APR 3 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 H. G. Edwards

Licensed Embalmer No. 1961

P. O. Address Berry 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.