

0. 2
10-39
7-39
K21492

FRIED JUN 2 1944

Registration District No. _____

Primary Registration District No. 41244 3017

Registrar's No. 71

1. PLACE OF DEATH:

(a) County Cooper
(b) City or town Boonville Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Joseph Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 weeks
(Specify whether
In this community 72 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper
(c) City or town Pilot Grove - Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Near Pilot Grove Mo
(If rural, give location)
(e) If foreign born, how long in U. S. A? no years.

3. (a) PRINT FULL NAME MARY-ROSE CATHERINE-WALZE

E. MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2
year 1944 hour 5 minute 10 P.M.

3. (b) If veteran, name war no 3. (c) Social Security No. no

21. I hereby certify that I attended the deceased from 7-1-, 1942, to 5-2-, 1944;
that I last saw her alive on 5-1-, 1944;
and that death occurred on the date and hour stated above.

4. Sex Fem. 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife August Walze 6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased Sept-22-1871
(Month) (Day) (Year)

Immediate cause of death Chronic Nephritis
Duration 4 yrs

8. AGE: Years 72 Months 7 Days 10 If less than one day hr. min.

Due to _____
Due to _____

9. Birthplace Pilot Grove Mo
(City, town or county) (State or foreign country)

Other conditions Myocardium, Myocarditis, Diabetes, Corinuous of heart

10. Usual occupation Housewife

Major findings: _____
Of operations _____

11. Industry or business Spencer

12. Name unknown

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

14. Maiden name Kathryn Meyer

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

16. (a) Informant Mrs Lloyd J. Bruckner

(b) Address Boonville Mo.

17. (a) Burial (b) Date thereof 5-11-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Walnut Grove Cem.

18. (a) Signature of funeral director Blays & Gaunter
(b) Address Pilot Grove Mo

19. (a) May 3-44 (b) Dr Chas. S. Swap
(Data received local registrar) (Registrar's signature)

PHYSICIAN
Underline the cause to which death should be charged statistically.
50

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 J. B. Bolay (M. D. or other) _____

Address Pilot Grove Date signed 5-2-44

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

MOTHER FATHER

District File Number 6-1-14
Date Filed May 3 1944

MAY 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 Myself

Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. 3074

P. O. Address Pilot Grove, Wis.

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, above space should be left blank.