V. S. No. 2
00M—8-43
ev. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 4 19[illegible]

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25439

Registration District No. 274 Primary Registration District No. 5922 Registrar's No. 237

1. PLACE OF DEATH:
(a) County PETTIS
(b) City or town BEAMAN Brookings
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ROUTE #1 Greendrop
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether
In this community LIFE
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County PETTIS 80
(c) City or town BEAMAN (RURAL)
(If outside city or town limits, write "RURAL")
(d) Street No. ROUTE #1
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME JUDY ANN WALZ
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex FEM
5. Color or race W
6. (a) Single, widowed, married, divorced S. O
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 2 (Month) - 9 (Day) - 1944 (Year)

8. AGE: Years 0 Months 5 Days 2 If less than one day hr. min.

9. Birthplace SEDALIA (City, town, or county) MOO (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER
12. Name GEO. L. WALZ
13. Birthplace PILOT GROVE (City, town, or county) MOO (State or foreign country)
MOTHER
14. Maiden name EMMA BAIL
15. Birthplace PILOT GROVE (City, town, or county) MOO (State or foreign country)
16. (a) Informant GEO L WALZ
(b) Address BEAMAN R#1
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 7-12-44 (Month) (Day) (Year)
(c) Place: burial or cremation CLEAR CREEK
18. (a) Signature of funeral director Geo Dillard
(b) Address Sedalia Mo.
19. (a) 7-11-44 (Date received local registrar) (b) Jim Anna Berger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 11
year 1944 hour 4 minute a. M.
21. I hereby certify that I attended the deceased from July 10 3 P.M., 1944 to 7-11, 1944 that I last saw her alive on 7-10-44, 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Fermentative Diarrhea — Duration 3 day
Due to Food
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy —

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 W. E. Bess (M. D. or other)
Address Sedalia Mo. Date signed 7-11-44

1022 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 8-4-54

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.....

Licensed Embalmer No.....

P. O. Address.....

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.