

FILED JAN 9 1945

Primary Registration District No. **1500**

Registrar's No. **1320**

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

1. PLACE OF DEATH:

(a) County **Buchanan**
(b) City or town **St. Joseph**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2920 Penn Street
(If not in hospital or institution, write street number or location) **1**
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community **9 Months**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **DeKalb** **32**
(c) City or town **SAINT JOSEPH**
(If outside city or town limits, write "RURAL") **1**
(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 **Eva Day Walters**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widow**
6. (b) Name of husband or wife **Edward W. Walters** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **July 1865**
(Month) (Day) (Year)

8. AGE: Years **79** Months **5** Days **24** If less than one day hr. _____ min.

9. Birthplace **Mason County Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation **At home**

11. Industry or business _____

MOTHER FATHER
12. Name **Henry V. Day**
13. Birthplace **Unknown New York**
(City, town, or county) (State or foreign country)
14. Maiden name **Mary Colwell**
15. Birthplace **Mason County Illinois**
(City, town, or county) (State or foreign country)

16. (a) Informant **Nellie D. Collins**
(b) Address **2837 Messanie St., St. Joseph, Mo.**
17. (a) **Removal** (b) Date thereof **Dec. 29, 1944**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Amity, Missouri**

18. (a) Signature of funeral director **Halter Meierhoffer**
(b) Address **1302 Faraon St., St. Joseph, Mo.**
19. (a) **12-29-44** (b) **Helmut Fuchs**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **27th**,
year **1944** hour **1** minute **58 P.** M.

21. I hereby certify that I attended the deceased from **May 10 1944** to **Dec 27 1944**
that I last saw him alive on **Dec 27 1944**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Thrombosis 3 days**
Due to **Arterio Sclerosis 2 yrs**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **94a**

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?

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **J. R. Elliott** (M. D. or other) **MD**
Address **800 Franklin St. Joseph, Mo.** Date signed **12-28-44**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Albion

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 *Albert R. Harrington*
Licensed Embalmer No. 3258 Mo.
P. O. Address St. Joseph, 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.