

S. No. 2
M-9-43
5-17-39
X37823

2071

State File No.

FILED FEB 6 1945
Registration District No. 148

Primary Registration District No. 5570

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Sibley RR No. 1. Sibley Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution his farm home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1
In this community over 40 yrs
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson **48**

(c) City or town Sibley RR No. 1. **0**
(If outside city or town limits, write "RURAL") **0**

(d) Street No. near Sibley Bridge
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) **11**
If yes, name country X

3. (a) PRINT FULL NAME Jacob H. Walmer

3. (b) If veteran, name war no

3. (c) Social Security No. X

4. Sex Male 5. Color or race wh 6. (a) Single, widowed, married, divorced widower

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive X years

7. Birth date of deceased Dec. 15th 1873
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>	<u>1</u>	<u>15</u>	hr. min.

9. Birthplace Fairfield Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business on his own farm

MOTHER FATHER { 12. Name Daniel Walmer

13. Birthplace X Iowa
(City, town, or county) (State or foreign country)

14. Maiden name Not known

15. Birthplace X Iowa
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Isaac Walmer

(b) Address Sibley Mo. RR No. 1.

17. (a) burial (b) Date thereof Feb. 1, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Buckner Cemetery

18. (a) Signature of funeral director V.M. Reppert
Buckner Mo.

(b) Address _____

19. (a) 1-30-1945 (b) V.M. Reppert
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 30
year 1945 hour 5 minute A. M.

21. I hereby certify that I attended the deceased from 19 to 19;
that I last saw h. alive on 19;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Coronary occlusion
arteriosclerosis
Due to Chronic nephritis

Due to _____

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

Major findings: _____
Of operations History + Inspection

Of autopsy not

22. If death was due to external causes, fill in the following:

(c) 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)

(c) Means of injury _____

23. Signature Jacob H. Walmer **3** Carson
(M. D. or other)

Address 1424 Poplar Rd. Date signed 1-30-45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

1161

FEB 16 1945

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, ~~on~~ by _____

~~working under my personal supervision.~~

Personally

Registered Apprentice No. _____

Signed _____

V. M. Reppert

Licensed Embalmer No. _____

2321

P. O. Address _____

Buckeye 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.