S. No. 2
M—5-42
. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 10875

FILED APR 26 1945

Registration District No. 3-26-1945 Primary Registration District No. 6234 Registrar's No. 10

1. PLACE OF DEATH:
(a) County: Warren
(b) City or town: Rural (Elkhorn twnsp)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: (Specify whether years, months or days)
In this community: life

2. USUAL RESIDENCE OF DECEASED: 104
(a) State: Missouri (b) County: Warren
(c) City or town: Rural
(If outside city or town limits, write "RURAL")
(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: Henry Walser
3. (b) If veteran, name war:
3. (c) Social Security No.: none
4. Sex: male
5. Color or race: white
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: Birdie Lee
6. (c) Age of husband or wife if alive: 62 years
7. Birth date of deceased: Nov. 1, 1864 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
80	4	7	hr. min.

9. Birthplace: St. Louis (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business:
FATHER
12. Name: Henry Walser
13. Birthplace: Switzerland (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Mary Good
15. Birthplace: Switzerland (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. Henry Walser
(b) Address: Warrenton, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3-10-45 (Month) (Day) (Year)
(c) Place: burial or cremation: Warrenton, Mo.
18. (a) Signature of funeral director: L. W. Niehaus & Co.
(b) Address: Warrenton, Mo.
19. (a) Mar. 10, 1945 (Date received local registrar) (b) John A. Bebermeyer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8 year 1945 hour 2:30 minute P. M.
21. I hereby certify that I attended the deceased from Feb. 24, 1945 to March 8 1945; that I last saw him alive on March 8 1945; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Right Lobar Pneumonia	13 days
Due to –	
Due to –	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: 104
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: Leopold Bechmann M.D. (M. D. or other) M.D.
Address: Warrenton, Mo. Date signed 3/9/45

(Licensed Embalmer's Statement on Reverse Side)

124

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 4-4-45

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 John E. Herlinger, Registered Apprentice No. 375 working under my personal supervision.

Signed John F. Mehring

Licensed Embalmer No. 3897

P. O. Address Warrenton, 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.