

FILED NOV 6 1945

Registration District No. **38** Primary Registration District No. **3006**

1. PLACE OF DEATH:
 (a) County **Boone**
 (b) City or town **Columbia**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
114 Westwood Ave. /
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **26 Years**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Boone** **10**
 (c) City or town **Columbia** **2**
(If outside city or town limits, write "RURAL")
 (d) Street No. **114 Westwood Ave.** **4**
(If rural, give location) **0**
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME HARVEY SMITH WALTER
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____
 4. Sex **Male** 0 5. Color or race **White**
 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife **Beatrice Goodson Walter**
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased **8 - 27 - 1873**
(Month) (Day) (Year)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **Oct.** day **16**
 year **1945** hour **7** minute **30** A.M.
 21. I hereby certify that I attended the deceased from **Oct - 16**
1945 to **Oct - 16**, 1945
 that I last saw him alive on **Oct - 16**, 1945
 and that death occurred on the date and hour stated above.

8. AGE:
 Years **72** Months **1** Days **19**
 If less than one day _____ hr. _____ min.

Immediate cause of death **Coronary Thrombosis**
 Due to _____
 Due to _____

9. Birthplace **Bates County Missouri ()**
(City, town, or county) (State or foreign country)
 10. Usual occupation **Director of Admissions - Stephens College**

Other conditions **-**
(Include pregnancy within 3 months of death)
 Major findings: **gpc**
 Of operations _____
 Of autopsy **m**

MOTHER FATHER
 11. Industry or business _____
 12. Name **Wm. Henry Harrison Walter**
 13. Birthplace **Ohio**
(City, town, or county) (State or foreign country)
 14. Maiden name **Mary Elizabeth Smith**
 15. Birthplace **Ohio**
(City, town, or county) (State or foreign country)

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

16. (a) Informant **Mrs. H.S. Walter**
 (b) Address **114 Westwood Ave., Columbia, Mo.**
 17. (a) **Burial** (b) Date thereof **10-20-45**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Columbia Cemetery**
 18. (a) Signature of funeral director **Parsons Funeral Service**
 (b) Address **Columbia, Mo.**
 19. (a) **10-19-45** (b) **Mrs. R.E. Palmer**
(Date received local registrar) (Registrar's signature)

23. Signature **J.C. Suggs** (M. D. or other) **M.D.**
 Address **Columbia, Mo.** Date signed **10-17-45**

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

10
2

MAR 4 1946

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

Thomas L. Luning

Licensed Embalmer No.

4132

P. O. Address

Columbia, 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.