

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 12 1945 STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38140

State File No. _____
Registrar's No. _____

Registration District No. 271 Primary Registration District No. 5-911 4400

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

1. PLACE OF DEATH:
 (a) County Demise
 (b) City or town Bragg City
 (If outside city or town limits, give "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
 In this community 14 yrs years, months or days)

3. (a) PRINT FULL NAME Petty, Walter Eugene
3. (b) If veteran, name war NO **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 Gertrude Petty **6. (c) Age of husband or wife if alive** 64 years
7. Birth date of deceased January 9, 1877 (Month) (Day) (Year)

8. AGE: Years 68 Months 9 Days 0 If less than one day hr. _____ min. _____

9. Birthplace Columbia Tennessee (City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business _____

MOTHER FATHER
12. Name Dillard D. Petty 9
13. Birthplace D. K. (City, town, or county) (State or foreign country)
14. Maiden name Artamesia Miller
15. Birthplace Santa Fe Tennessee (City, town, or county) (State or foreign country)

16. (a) Informant E. Stul Petty
(b) Address Bragg City, Mo.
17. (a) Burial (Burial, cremation, or removal) **(b) Date thereof** 10-19-1945 (Month) (Day) (Year)
(c) Place: burial or cremation Wally Cemetery

18. (a) Signature of funeral director Edman Holt
(b) Address Steele, Missouri

19. (a) Nov 8, 1945 (Date received local registrar) **(b)** Mrs. Jessie Kurnage (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Demise
 (c) City or town Bragg City (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month October day 9 year 1945 hour 5 minute 45 P.M.
21. I hereby certify that I attended the deceased from Sept 22 1945, to Oct 9 1945, and that death occurred on the date and hour stated above, Immediate cause of death Carcinoma of bladder

that I last saw him alive on Oct 9 1945
 Due to Septicemia
 Due to Uremia

Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: Of operations 52
 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 Dr. G. England (M. D. or other) DO.
Address Steele, Mo. **Date signed** 10/13/45

Duration
2 yrs
10 mos
PHYSICIAN
 Underline the cause to which death should be charged statistically.

11-45-216

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 John St. German

Licensed Embalmer No. 4355

P. O. Address Steele, Md. Box 10

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.