

S. No. 2
M-2-43
5-17-39
X35897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15592**

FILED JUN 14 1946

Registration District No. 1

Primary Registration District No. 3000

Registrar's No. 158

1. PLACE OF DEATH:

(a) County Adair
(b) City or town Fiskeville
(c) Name of hospital or institution: Community Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 days
In this community all his life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County ADAIR
(c) City or town BRASNEAR, (Twp) 10
(If outside city or town limits, write "RURAL")
(d) Street No. 2 mi. N. Brashear
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME WILLIAM H. WALTERS

3. (b) If veteran, name war _____ 3: (c) Social Security No. _____

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced W 2
6. (b) Name of husband or wife Lillie Wallin
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Sept. 4 1876
(Month) (Day) (Year)

8. AGE: Years 69 Months 8 Days 17
If less than one day hr. _____ min. _____

9. Birthplace Brashear, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER
12. Name Michael Walters
13. Birthplace Pa.
(City, town, or county) (State or foreign country)
14. Maiden name Matilda Wade
15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Wynne Walters
(b) Address Husband, Mrs.

17. (a) Burial (b) Date thereof 5-17-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Union Cemetery

18. (a) Signature of funeral director Forster H. Easley
(b) Address Brashear, Mo.

19. (a) 5-22-46 (b) Walter Lambert
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16
year 1946 hour 5 minute 30 A.M.

21. I hereby certify that I attended the deceased from May 9, 1946, to May 16, 1946, that I last saw him alive on May 15, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic pneumonia Duration 1 day
Due to Myocardial failure months
Due to hypertensive heart disease years

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

Major findings: Of operations 93d
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? _____
While at work? _____ (Specify type of place) (e) Means of injury 2

23. Signature Harry R. Agnew (M.D. or other) D.O.
Address Nishville, Mo. Date signed May 16, 46

WRITE PLAINLY—USE UNFADING, BLACK INK—MAKE A PERMANENT RECORD
14484

RECEIVED

District Health Officer No. 10

District File Number 6-46-112

Date Filed JUN 13 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 *Foster P. Emery*

Licensed Embalmer No. 1146

P. O. Address *Brookline, Mass.*

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.