

S. No. 2
M-5-43
7. 5-17-39
I X3671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17037**
Registrar's No. _____

Registration District No. **136** Primary Registration District No. **2001**

1. PLACE OF DEATH:
(a) County **Jasper**
(b) City or town **Joplin**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2105 Pearl St;
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community **50 years** (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jasper 49**
(c) City or town **Joplin** (If outside city or town limits, write "RURAL") **2**
(d) Street No. **2105 Pearl St;** (If rural, give location) **5**
(e) Citizen of foreign country? **No** (Yes or No) **7**
If yes, name country _____ No

3. (a) PRINT FULL NAME **George M. Walt**
3. (b) If veteran, name war **No** 3. (c) Social Security No. **No**
4. Sex **Male 0** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Rachael Walt;** 6. (c) Age of husband or wife if alive **77** years
7. Birth date of deceased **Dec. 1, 1857.** (Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **April 14**, day **1946**
year _____ hour **1-00 A.M.**, minute _____ M.
21. I hereby certify that I attended the deceased from **May 10th 1945 to April 13 1946**
that I last saw **him** alive on **Feb. 1, 1947**
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
88 **4** **13** _____ hr. _____ min.

Immediate cause of death **Heart Block** Duration **1 hr**
Due to **artery sclerosis and valvular disease** **1 year**
Due to _____

9. Birthplace **Oswego New York** (City, town, or county) (State or foreign country)
10. Usual occupation **Retired Railroad Contractor**

Other conditions (Include pregnancy within 3 months of death)
Major findings: _____
Of operations _____
Of autopsy **99**

MOTHER FATHER
11. Industry or business _____
12. Name **Smith Walt**
13. Birthplace **New York** (City, town, or county) (State or foreign country)
14. Maiden name **Sarah M. Young.**
15. Birthplace **New York** (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. Rachael Walt**
(b) Address **2105 Pearl St. Joplin Mo.**
17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Apr 16 - 46** (Month) (Day) (Year)
(c) Place: burial or cremation **FAIRVIEW Cem.**
18. (a) Signature of funeral director **Hurlbut Und. Co.**
(b) Address **Joplin Mo.**
19. (a) **4-7546** (Data received local registrar) (b) **[Signature]** (Registrar's signature)

23. Signature **J. C. Learning** (M. D. or other) **7-1546**
Address **[Signature]** Date signed **7-1546**

138 (Licensed Embalmer's Statement on Reverse Side)

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

15918

46-4-383

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.....

Clay M. Dungey

Licensed Embalmer No. *3568*

P. O. Address..... *212 70th Plin St. 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.