

S. No. 2
OM-5-43
ev. 5-17-39
I X3667

FILED AUG 1 1946
Registration District No. 360

Primary Registration District No. 6225

Registrar's No. 93

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

1. PLACE OF DEATH:

(a) County Missouri Vernon
(b) City or town Nevada
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital No 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 37 yrs. - 1 mo. - 15 days
(Specify whether years, months or days) 37 years 1 mo 15 d.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Johnson
(c) City or town Holden
(If outside city or town limits, write "RURAL")
(d) Street No. unknown
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ALBERTUS - WALLS

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex male 5. Color or race wh
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife none 6. (c) Age of husband or wife if alive - years
7. Birth date of deceased. Dec 17, 1880
(Month) (Day) (Year)

8. AGE: Years 65 Months 7 Days 6 If less than one day - hr. - min.

9. Birthplace Malcolm Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation formerly Carpenter

11. Industry or business none

12. Name Taylor Walls

13. Birthplace unknown Penna
(City, town, or county) (State or foreign country)

14. Maiden name Mary Sackett

15. Birthplace Independance Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Records State Hosp 3
(b) Address Nevada Mo

17. (a) Burial (b) Date thereof 7-25-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hospital Cemetery
18. (a) Signature of funeral director Chlinger Funeral Home
(b) Address Nevada Mo
(c) 7-26-46 (b) Wallace Yancey
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23
year 1946 hour 5 minute 18 P M.

21. I hereby certify that I attended the deceased from Oct 1939 to July 23 1946
that I last saw him live on July 23 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis
Due to

Other conditions Dementia Precox
(Include pregnancy within 3 months of death)

Major findings: Of operations none
Of autopsy none

22. If death was due to external causes, fill in the following: no
(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?

23. Signature Paul L Barone (M. D. or other)
Address State Hosp No 3 Date signed July 23/46

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

331

Nevada Mo

RECEIVED

District Health Officer No. 7,
District No. 6-46-795
Date Filed 7-30-46

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 Mark Cechinger
Licensed Embalmer No. 2656
P. O. Address Nevada, 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.