. S. No. 2
DM—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 23 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 29825

Registration District No. 66 Primary Registration District No. 5256 Registrar's No.

1. PLACE OF DEATH:
(a) County Chariton
(b) City or town Sumner
(If outside city or town limits, write "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 years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Chariton
(c) City or town Sumner
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Clara V. Walser
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband Charles Walser
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan. 29th 1873 (Month) (Day) (Year)

8. AGE: Years 73 Months 6 Days 22 If less than one day hr. min.

9. Birthplace Near Browning Mo. 0 (City, town, or county) (State or foreign country)
10. Usual occupation housewife
11. Industry or business housework
12. FATHER Name Pleasant Coffman /
13. FATHER Birthplace Ohio / (City, town, or county) (State or foreign country)
14. MOTHER Maiden name Bettie Britton
15. MOTHER Birthplace Ohio / (City, town, or county) (State or foreign country)
16. (a) Informant William Walser
(b) Address Sumner Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/22/46 (Month) (Day) (Year)
(c) Place: burial or cremation Lakeside Cemetery
18. (a) Signature of funeral director J. L. Leopard
(b) Address Mendon Mo
19. (a) Aug 23 46 (Date received local registrar) (b) Martha Clark (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 20th year 1946 hour 12. minute 30 p M.
21. I hereby certify that I attended the deceased from Aug 10, 1946, to Aug 17, 1946 that I last saw he alive on Aug 17, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Thrombosis	8 wks
Due to Chronic Myocarditis	2+ yr.
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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

93D

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

23. Signature Roy R. Hale (M. D. or other)
Address Brookfield Mo. Date signed 8/22/46

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 9-21-76

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 D. L. Leipard

Licensed Embalmer No. 3970

P. O. Address Meadon 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.