

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Registration District No. 118 Primary Registration District No. 5439

1. PLACE OF DEATH:

(a) County Gasconade
 (b) City or town Rural Canaan Sup.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community 5 years years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gasconade
 (c) City or town Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. Owensville Route
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME GEORGE WALTER, SR.
 3. (b) If veteran, name war - 3. (c) Social Security No. -

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Emma (Reiss) Walter
 6. (c) Age of husband or wife if alive 69 years
 7. Birth date of deceased February 15 1875
 (Month) (Day) (Year)

8. AGE: Years 72 Months 1 Days 5
 If less than one day - hr. - min.

9. Birthplace Gerald Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Anton Walter

13. Birthplace Alton Illinois
 (City, town, or county) (State or foreign country)

14. Maiden name Mary Ruetter

15. Birthplace Alton Illinois
 (City, town, or county) (State or foreign country)

16. (a) Informant Frances Walter

(b) Address Owensville, Mo.

17. (a) Burial (b) Date thereof 3 24 1947
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Immediate Conception Cem. near Owensville Mo.

18. (a) Signature of funeral director Richard W. W. Winter
 (b) Address Owensville, Mo.

19. (a) 4-5-47 (b) Doyle Blackman
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 20
 year 1947, hour _____ minute _____ M.
 21. I hereby certify that I attended the deceased from 3-17, 1947 to 3-20, 1947
 that I last saw him alive on 3-17, 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death Ventricular Fibrillation
 Duration 3 days

Due to _____
 Due to _____

Other conditions Brucellosis
 (Include pregnancy within 3 months of death) 5 yrs

Major findings:
 Of operations 95A
 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 _____

23. Signature Ruea Brown (M. D. or other) _____
 Address Owensville, Mo. Date signed 3-21-47

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

37
2
6

RECEIVED
District Health Officer No. 9,
District File Number 4-8-47
Date Filed

JUL 28 1950

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 Me
....., Registered Apprentice No.
working under my personal supervision.

Signed W. J. N. Winkler
Licensed Embalmer No. 3838
P. O. Address Quincy, Ill.

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.