

No. 2
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17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 7 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9709

State File No.

Registration District No. 155 Primary Registration District No. 5579 Registrar's No. 51

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Mineral
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jasper Co TB Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 1/2 mos
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Oklahoma (b) County Ottawa 999
(c) City or town Miami 34
(If outside city or town limits, write "RURAL")
(d) Street No. 123 "A" Street 70 N.
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No) 2
If yes, name country

3. (a) PRINT FULL NAME Phillip John Walz
3. (b) If veteran, name war no 3. (c) Social Security No. MO

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 27
year 1947 hour 2 minute 30 P.
21. I hereby certify that I attended the deceased from Nov 7 1946 to March 27 1947,
that I last saw him alive on March 27 1947,
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color of race white
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive
7. Birth date of deceased May 25 1875
(Month) (Day) (Year)

Immediate cause of death Pulmonary Siles Tuberculosis
Duration
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 13B
Of autopsy

8. AGE: Years Months Days If less than one day
71 10 2 hr. min.

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

10. Usual occupation retired grocer

11. Industry or business

MOTHER FATHER
12. Name no record 9
13. Birthplace no record (City, town, or county) (State or foreign country)
14. Maiden name no record
15. Birthplace no record (City, town, or county) (State or foreign country)

16. (a) Informant Helen Waceferle

(b) Address Miami Okla

17. (a) Personal (Burial, cremation, or removal) (b) Date thereof 2-29-47 (Month) (Day) (Year)

(c) Place: burial or cremation Miami Okla

18. (a) Signature of funeral director Cooper Funeral Home

(b) Address Miami Okla

19. (a) MCH 29; 47 (Date received local registrar) (b) [Signature] (Registrar's signature)

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 Law E. Douglas (M. D. or other) 0
Address West City Mo Date signed 3/28/47

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

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

137

(Licensed Embalmer's Statement on Reverse Side)

47-3-258

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..... *Henry K. Hurlbert*

Licensed Embalmer No. *959*

P. O. Address..... *W. H. Hurlbert*

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.