

S. No. 2
-8-43
5-17-39
P1 X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 28 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12576

State File No. _____
Registrar's No. 551

Registration District No. 42 Primary Registration District No. 1000

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri Methodist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 days
In this community 12 days
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Kansas (b) County Brown
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. R.F.D.#2 Hiawatha, Kas.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Clyde Harrison Walters

20. DATE OF DEATH: Month April day 18
year 1947 hour 5 minute 55 P.M.

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

21. I hereby certify that I attended the deceased from 4-6-47, 1947, to 4-18, 1947, that I last saw him alive on April 18, 1947, and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

Immediate cause of death Pulmonary embolism Duration 5 min.

6. (b) Name of husband or wife Hazel Ione Walters 6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased: August 20 1888
(Month) (Day) (Year)

Due to Thrombosis - Rt leg.
Due to _____

8. AGE: Years 58 Months 7 Days 28 If less than one day hr. _____ min. _____

Other conditions Cause of Trauma
(Include pregnancy within 3 months of death)
colon.

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

Major findings: H&E
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

10. Usual occupation Farmer

11. Industry or business Farm

12. Name Silas Frank Walters

13. Birthplace Unknown Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant Silas A. Walters

(b) Address Bradwood, Oregon

17. (a) Removal (b) Date thereof April 18, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hiawatha, Kansas

18. (a) Signature of funeral director Walter Meierhoff
(b) Address 1946 Colhoun St., St. Joseph, Mo.

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? _____

19. (a) 4-21-47 (b) E. L. Jenkins
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature John L. Morgan (M. D. or other) MD
Address 420 N. 8th St Date signed 4-21-47

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

382

(Licensed Embalmer's Statement on Reverse Side) St. Joseph, Mo.

JUL 31 1952

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 *Albert C. Harrington*
Licensed Embalmer No. *3258* *Missouri*
P. O. Address *St. Joseph, 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.