

FILED DEC 26 1947

Registration District No. 50

41074

State File No.

Primary Registration District No. 4071

Registrar's No. 43

1. PLACE OF DEATH:

(a) County Camden
(b) City or town Camdenton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home Gen Del
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community life
years, months or days

3. (a) PRINT FULL NAME

Ratie Walters

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Charlie Walters

6. (c) Age of husband or wife if alive _____ years (Day) (Year)

7. Birth date of deceased. Mar 23 1875
(Month) (Day) (Year)

8. AGE: Years 72 Months 8 Days 14
If less than one day _____ hr. _____ min.

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

10. Usual occupation housewife

11. Industry or business _____

12. Name unknown Vesper 9

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

14. Maiden name unknown 9

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

16. (a) Informant Anna Gregory (daughter)

(b) Address Camdenton, Mo

17. (a) Burial (b) Date thereof Dec 9-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Creek

18. (a) Signature of funeral director Banker Wolery

(b) Address Camdenton Mo

19. (a) Dec 20 1947 (b) Zelpha J. Travis
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Camden
(c) City or town Camdenton 15
(If outside city or town limits, write "RURAL")
(d) Street No. Gen Del 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 9
year 1947 hour 8 minute 40 P.M.

21. I hereby certify that I attended the deceased from Oct 47 to Dec 8, 1947
that I last saw her alive on Dec 8, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Interstitial Nephritis Duration 45

Due to _____

Due to _____

Other conditions none
(Include pregnancy within 3 months of death)

Major findings: Of operations No Operation

Of autopsy No Autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(c) 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? 0

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

23. Signature E. G. Laeber (M.D. or other) MO

Address Camdenton, Mo. Date signed 12-20-47

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

MOTHER FATHER

RECEIVED
DISTRICT HEALTH OFFICE
11-4-7-1420
12-2-4-47

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 Abie Benson Woolery

Licensed Embalmer No. 2488

P. O. Address Camdenton 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.