1/47
17-39

FILED JAN 6 1948

National Office of Vital Statistics

STANDARD CERTIFICATE OF DEATH

State File No. 18 Bunnell 42267

Registration District No. 1847

Primary Registration District No. 3038

Registrar's No. 92

1. PLACE OF DEATH:
(a) County: Linn
(b) City or town: Brookfield (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 525 E Dakee St (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether In this community 2 Days years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Okla (b) County: 999
(c) City or town: Tulsa (If outside city or town limits, write "RURAL") 34
(d) Street No.: 408 S Lawton St (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No) 2
If yes, name country .....

3. (a) PRINT FULL NAME: WILLIAM ELMER WALDEN
3. (b) If veteran, name war .....
3. (c) Social Security No. 440-12-3160
4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: M
6. (b) Name of husband or wife: Ruth Walden
6. (c) Age of husband or wife if alive: 46 years
7. Birth date of deceased: May (Month) - 24 (Day) - 1901 (Year)

8. AGE: Years 46 | Months 6 | Days 25 | If less than one day ..... hr. ..... min.

9. Birthplace: Centerville (City, town, or county) Iowa (State or foreign country)
10. Usual occupation: Welder
11. Industry or business .....
MOTHER FATHER
12. Name: Theodore Walden
13. Birthplace: Fayettville (City, town, or county) Mo (State or foreign country)
14. Maiden name: Bertha Walker
15. Birthplace: (City, town, or county) Mo (State or foreign country)
16. (a) Informant: Ruth Walden
(b) Address: 408 S Lawton St Tulsa Okla
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Dec 22, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation: St Michael Cemetery
18. (a) Signature of funeral director: Hill Funeral Home
(b) Address: Brookfield Mo
19. (a) 12-22-47 (Date received local registrar) (b) Walter B Erwin (Registrar's signature) 167

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 18 year 1947 hour 6 minute 0 M.
21. I hereby certify that I attended the deceased from Age 18, 1947, to Day of death, 1947, that I last saw h..... alive on Recorded auto, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death: Probable cause of death -
Due to: Coronary occlusion
Due to: Acute
Other conditions (Include pregnancy within 3 months of death): 4 yr
Major findings: Of operations .....
Of autops.....

Duration

PHYSICIAN

Underline the cause of 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? — (Specify type of place)
While at work? ..... (e) Means of injury 0
23. Signature: Raeper W. Robinson (M.D. or other) M.D.
Address: Brookfield Mo Date signed 12-21-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

TYPE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 G. W. Blackstock

Licensed Embalmer No. 2246

P. O. Address Brookfield Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.