

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

1. PLACE OF DEATH:
 (a) County ADAIR
 (b) City or town RURAL MARROW
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
near Noringers
(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 ALBERT WALTERS
3. (b) If veteran, name war L **3. (c) Social Security** No. L

4. Sex M **5. Color or race** W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Bertie Walters **6. (c) Age of husband or wife if alive** 55 years
7. Birth date of deceased 10 13 1875
(Month) (Day) (Year)

8. AGE: Years 68 Months 3 Days 7 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER

12. Name John Walters
13. Birthplace Adair Co Mo
(City, town, or county) (State or foreign country)
14. Maiden name Margaret Bischo
15. Birthplace Adair Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Martha Walters

(b) Address Noringers, Missouri

17. (a) Burial **(b) Date thereof** 1-22-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Eastley

18. (a) Signature of funeral director Alvin E. Kent & Son

(b) Address Green City, Mo.

19. (a) 1-26-48 **(b) Kate Lambert**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County Adair
 (c) City or town Rural
(If outside city or town limits, write "RURAL")
 (d) Street No. Address Noringers
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 20 year 1948 hour 8 45 am _____ minute _____ M.

21. I hereby certify that I attended the deceased from Jan 19 1948 to Jan 20 1948
 that I last saw him alive on Jan 19 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death Heart failure
Coronary thrombosis

Due to Hypertension

Due to old renal infection

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy no

Duration _____
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) _____
 (c) Means of injury CI

23. Signature J S Gashmiller M D (M. D. or other) _____
Address Noringers Mo **Date signed** 1/27/48

RECEIVED
Dist. of Health Officer No. 10
2-41-212
FEB -3- 1948
Health Files

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 Archie W. Wade

Licensed Embalmer No. 3037

P. O. Address Green City, 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.