

S. No. 2  
M-5-43  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **35375**

FILED OCT 25 1948

Registration District No. **356** Primary Registration District No. **6209** Registrar's No. **43**

**1. PLACE OF DEATH:**

(a) County **Texas**

(b) City or town **Rural Quincy**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community **22 years** (Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Texas** (b) County **Texas**

(c) City or town **Rural**  
(If outside city or town limits, write "RURAL")

(d) Street No. **37m N. of Houston**  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** **FREDRICK IGNATIUS WALTERS**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **male** 5. Color or race **white**

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

6. (b) Name of husband or wife **Irene** 6. (c) Age of husband or wife if alive **59** years

7. Birth date of deceased **Sept. 5 1878**  
(Month) (Day) (Year)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **Oct.** day **7**  
year **1948** hour **4** minute **50 P.M.**

21. I hereby certify that I attended the deceased from **July 1, 1948** to **Oct. 7, 1948**  
that I last saw him alive on **Oct. 6, 1948**  
and that death occurred on the date and hour stated above.

**8. AGE:**

Years	Months	Days	If less than one day
<b>70</b>	<b>1</b>	<b>2</b>	hr. min.

Immediate cause of death **Cerebral Hemorrhage**

Due to **Essential Hypertension**

Due to \_\_\_\_\_

9. Birthplace **St. Louis Mo.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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

**MOTHER FATHER**

11. Industry or business \_\_\_\_\_

12. Name **William Walters**

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

14. Maiden name **unknown**

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

16. (a) Informant **Ms. Irene Walters**

(b) Address **Houston Mo.**

17. (a) **Burial** (b) Date thereof **10/10/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Houston**

18. (a) Signature of funeral director **Rayford V. Elliott**

(b) Address **Houston Mo.**

19. (a) **Oct. 11-48** (b) **Myrtle Craig**  
(Date received local registrar) (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 **J. Burns** (M. D. or other) \_\_\_\_\_  
Address **Houston, Mo.** Date signed **Oct 9 1948**

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

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RECEIVED 10-19-48  
District Health Officer No. 5,  
District File Number 1048658  
Date Filed 10-20-48

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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 Frank E. Wood  
Licensed Embalmer No. 4026  
P. O. Address Houston, 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.