

FILED JUL 7 1949 STANDARD CERTIFICATE OF DEATH

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 199 PRIMARY REG. DIST. NO. 5731 Registrar's No. 21

1. PLACE OF DEATH a. COUNTY <b>MACON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO</b> b. COUNTY <b>Macon</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>NEW BOSTON - White Camp</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>New Boston</b>	
c. LENGTH OF STAY (in this place)		6 1/2	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Rt. # 1.1</b>		d. STREET ADDRESS (If rural, give location) <b>Rt 2.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>John</b> b. (Middle) <b>Thomas</b> c. (Last) <b>WALGREN</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>June 26, 1949</b>		
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <b>Feb. 27, 1878</b>	9. AGE (In years last birthday)	10. UNDER 1 YEAR Days <b>3</b> Hours <b>29</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>		11. BIRTHPLACE (State or foreign country) <b>Gratiot, Wis</b>	
13a. FATHER'S NAME <b>JOHN WALGREN</b>		13b. MOTHER'S MARRIAGE NAME <b>JULIA PERCIBLE</b>		14. NAME OF HUSBAND OR WIFE <b>Deceased</b>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>-</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Paul Liebhart</b>		ADDRESS <b>New Boston</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic Myocarditis</b>				
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>arteriosclerosis</b> DUE TO (c) <b>Senility</b>				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<b>4202</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **June 26, 1949**, to **June 26, 1949**, that I last saw the deceased alive on **June 26, 1949**, and that death occurred at **7:15 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Deputy or title) <b>P. A. Dinwiddie D. O.</b>	23b. ADDRESS <b>Burlington, MO</b>	23c. DATE SIGNED <b>June 27, 1949</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>June 28, 1949</b>	24c. NAME OF CEMETERY OR CREMATORY <b>New Boston Cem.</b>
24d. LOCATION (City, town, or county) (State) <b>New Boston MO.</b>		

DATE REC'D BY LOCAL REG. <b>6/27/1949</b>	REGISTRAR'S SIGNATURE <b>Daphne Huverton</b>	184	25. FUNERAL DIRECTOR'S SIGNATURE <b>Garson Funeral Service</b>	ADDRESS <b>Burlington, MO</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

AW 3A3

RECEIVED

District Health Officer No.

District File Number 7-495

Date Filed JUL 6 1949

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed C. A. Larson

Licensed Embalmer No. 4037

P. O. Address Bucklin, 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.