

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35554

Registrar's No. 54

Registration District No. 571

Primary Registration District No. 4335

1. PLACE OF DEATH:

(a) County Moniteau Co.
(b) City or town California, Mo. Walker
(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. 35 Yrs
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Frank Walters

3. (b) If veteran, name war No 3. (c) Social Security No. 495.05.8839

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Married
6. (b) Name of husband or wife Anna Walters 6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased March 15 1878
(Month) (Day) (Year)

8. AGE: Years 65 Months 6 Days 17
If less than one day . hr. min.

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

10. Usual occupation Machinist AT Woolen Mills

11. Industry or business _____

12. Name Fred Walters
13. Birthplace Germany
(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 Anna Walters
(b) Address California Missouri
17. (a) Burial (b) Date thereof Oct. 4. 41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Catholic Cent.
18. (a) Signature of funeral director Bowlin Funeral Home
(b) Address California, Mo.

19. (a) 10-3-41 (b) H.R. Popejoy
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 2
year 1941 hour 9 minute 30 A. M.

21. I hereby certify that I attended the deceased from June 15 1941 to October 2 1941
that I last saw him alive on Sept 26 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Circulatory accident. Pulmonary embolism.
Due to insufficient in-
ufficiency.
Due to _____

Other conditions (Include pregnancy within 3 months of death) 2

Major findings: 932
Of operations _____
Of autopsy _____

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) (e) Means of injury _____
23. Signature H.R. Popejoy (M. D. or other) Phys
Address Oberlin Mo Date signed 1941

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

MOTHER FATHER

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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 Earl R. Boulier
Licensed Embalmer No. 2126
P. O. Address California, 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.