

FILED NOV 5 1942  
Registration District No. **223**

Primary Registration District No. **6796**

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

1. PLACE OF DEATH: **Moniteau**

(a) County **Moniteau**

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

(c) Name of hospital or institution: **California, Mo. / R#1**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **Life** (Specify whether years, months or days)

In this community **Life**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Moniteau**

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

(d) Street No. **California, MO, Rt #1**  
(If rural, give location)

(e) Citizen of foreign country? **0** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Garland Wayne Walls**

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, **Single**

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **May 11 1942**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
		<b>5</b>	<b>17</b>	hr. _____ min. _____

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

10. Usual occupation \_\_\_\_\_

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

12. Name **Garl Walls**

13. Birthplace **Missouri**  
(State or foreign country)

14. Maiden name **Lernie McFarland**

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

16. (a) Informant **Flag McFarland**

(b) Address **California, Mo. R. #1**

17. (a) **Burial** (b) Date thereof **Oct. 30. 42**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Flag Spring Cemt**

18. (a) Signature of funeral director **Bowlin Funeral home**

(b) Address **California, Mo.**

19. (a) **Oct 30-42** (b) **Mrs H. J. Sullins**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct** day **28**  
year **1942** hour **5** minute **40 P. M.**

21. I hereby certify that I attended the deceased from **Oct 19** 19**42** to **Oct 28** 19**42**  
that I last saw him alive on **Oct 28** 19**42**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Acute Bronchitis**  
**Broncho-Pneumonia**

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

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

Other conditions **106a**  
(Include pregnancy within 3 months of death)

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

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

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) (e) Means of injury.

23. Signature **E. A. Kirby M.D.** (M. D. or other) \_\_\_\_\_  
Address **California Mo** Date signed **10/27/42**

Duration **2 weeks**  
**1 week**

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

**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.

*Not Embalmed*

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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.**