

1860 MAR 17 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

7229

Do not use this space.

1. PLACE OF DEATH

(a) County Monterey Registration District No. 571
 (b) Township Walker Primary Registration District No. 4338
 (c) City California (d) Street No. _____ St.
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

(a) Residence, No. _____ St. _____
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF Henry Walser
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 7 - 1886
 7. AGE YEARS 82 MONTHS 6 DAYS 2 If LESS than 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Calif. Co. Mo
 13. NAME William Penninger
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia
 15. MAIDEN NAME Elizabeth Reuki
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia
 17. INFORMANT Mrs. H. M. Clay
 (ADDRESS) Carthage Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE City Cem DATE 2/11/39
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) William F. Fredrick
California Mo
 20. FILED 2-16-1939 W. R. Pope
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 9, 1939

22. I HEREBY CERTIFY, That I attended deceased from

Jan 3, 1939, to Feb 9, 1939I last saw her alive on Feb 9, 1939. Death is saidto have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:

Arterio-sclerosis - (heart) -
Coronary thrombosis

Date of onset

Other contributory causes of importance:

Chronic Cholecystitis

90 yrs.

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1939

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) J. C. Reuki, Jr., M. D.(Address) California, Mo

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.....

H E Friedmeyer

Licensed Embalmer No.....

2854

P. O. Address.....

California M

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, above space should be left blank.