

2
3-40
-39
K23155

APR 10 1941

Registration District No. 213

Primary Registration District No. 301f

Registrar's No. 105

1. PLACE OF DEATH:

(a) County Cole
(b) City or town Jefferson City Mo
(c) Name of hospital or institution: St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 0 1 day
In this community 2 years, months or days (Specify whether)

3. (a) PRINT FULL NAME Leo Baby Walters

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

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Infant

6. (b) Name of husband or wife --- 6. (c) Age of husband or wife if alive 22 years

7. Birth date of deceased 3-30-41
(Month) (Day) (Year)

8. AGE: Years --- Months --- Days --- If less than one day 7 hr. --- min.

9. Birthplace Jefferson City, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation infant

11. Industry or business ---

12. Name Lloyd Walters

13. Birthplace Jefferson City, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Georgia Walters Connell

15. Birthplace Centertown Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Georgia Walters
(b) Address Centertown

17. (a) Burial (b) Date thereof 3-31-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MT Hope Cem.

18. (a) Signature of funeral director Bruceker Funeral Home
(b) Address Jefferson City, Mo.

19. (a) 4-1-41 (b) D. S. [Signature] M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole
(c) City or town Jefferson City
(If outside city or town limits, write "RURAL")
(d) Street No. 0 (If rural, give location)
(e) If foreign born, how long in U. S. A.? --- years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 30
year 1941 hour --- minute --- M.

21. I hereby certify that I attended the deceased from --- 19---, to --- 19---;
that I last saw him alive on --- 19---;
and that death occurred on the date and hour stated above.

Immediate cause of death Hydrocephalus

Due to Hydrocephalus

Due to ---

Other conditions ---
(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?
While at work (Specify type of place) (e) Means of injury ---

23. Signature Heard Taylor (M. D. or other) M.D.
Address Jefferson City Date signed 3-30-40

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

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

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.

Was not embalmed

Signed.....

Victor Buescher

Licensed Embalmer No. 3701

P. O. Address Jefferson City,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.