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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 23 1942

Registration District No. 5769

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 21795

Primary Registration District No. 5769

Registrar's No. 34

1. PLACE OF DEATH:
(a) County Montcalm
(b) City or town Rural Wright Twp
(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 (Specify whether years, months or days) In this community 30 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Montcalm
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 0 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Malinda Walters
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Female | 5. Color or race W | 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Fred
6. (c) Age of husband or wife if alive 77 years
7. Birth date of deceased Oct (Month) 12 (Day) 1871 (Year)

8. AGE: Years 70 | Months 8 | Days 11 | If less than one day ___ hr. ___ min.

9. Birthplace Montcalm (City, town, or county) MO (State or foreign country)
10. Usual occupation Housewife
11. Industry or business

MOTHER FATHER
12. Name Heronious Schlegelthal
13. Birthplace Steckelenburg (City, town, or county) (State or foreign country)
14. Maiden name Dont Know
15. Birthplace Switzerland (City, town, or county) (State or foreign country)

16. (a) Informant Fred Walters
(b) Address Centertown MO
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-23-42 (Month) (Day) (Year)
(c) Place: burial or cremation Salem Evangelical Cem
18. (a) Signature of funeral director Williams & Friedmeyer
(b) Address California MO
19. (a) 6-22-42 (Date received local registrar) (b) Mrs. James Reith (Registrar's signature)

5-10

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 22 year 1942 hour 2 minute 00 A.M.
21. I hereby certify that I attended the deceased from May 15, 1942 to June 22 1942 that I last saw him alive on June 22 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocardial failure	
Due to: Chronic interstitial nephritis	8 mos.
Due to:	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations None
Of autopsy None

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

23. Signature J. T. Gillis (M. D. or other) D.O.
Address Centertown Date signed 6/23/42

(Licensed Embalmer's Statement on Reverse Side)

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 N E Friedmeyer

Licensed Embalmer No. 2854

P. O. Address California 770

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.