

9968

CERTIFICATE OF DEATH

Vol. 76 Page 1738

DECEASED - NAME		First Middle Last		DATE OF DEATH (month, day, year)	
Walter S. Carter				January 21, 1976	
RACE (White, Negro, American Indian, etc. (specify))		SEX	AGE - Last birthday (years)	Under 1 year	Under 1 day
White		Male	67	mos. days	hours min.
COUNTY OF DEATH		CITY, TOWN, OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION - NAME (if not in either, give street and number)	
Multnomah		Portland		Veterans Administration	
STATE OF BIRTH (if not in U.S.A., name country)		CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)	NAME OF SPOUSE	
Iowa		U.S.A.	Married	Dorothy L.	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (give kind of work done during most of working life, given if retired)		KIND OF BUSINESS OR INDUSTRY	
701 10 5342		Air Force Retired			
RESIDENCE - STATE		COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER OR R.F.D.	
Oregon		Klamath	LaPine	General Delivery 97720	
FATHER - NAME (first middle last)		MOTHER - Maiden Name (first middle last)	INFORMANT - NAME and relationship to deceased		
Ralph Carter		Margaret Sloan	V.A. Records		
PART I DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c))					
18. Immediate cause					
(a) Multiple myeloma, plasma cell					
(b) due to, or as a consequence of					
(c) due to, or as a consequence of					
PART II OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in Part I					
Chronic bronchitis and bronchiectasis					
ACCIDENT (specify yes or no)	DATE OF INJURY (month, day, year)	HOW INJURY OCCURRED (enter nature of injury in Part I or Part II, item 18)	AUTOPSY (yes or no)		
No	20a	20b	19a. Yes 19b. No		
INJURY AT WORK (specify yes or no)	PLACE OF INJURY at home, farm, street, factory, office bldg., etc. (specify)	LOCATION (street or R.F.D. No., city or town, county, state)			
No	20c	20d			
CERTIFICATION - PHYSICIAN (month, day, year)	month, day, year	And Last Saw Him/Her Alive on: month, day, year	Did/Did Not view the body after death (specify)	DEATH OCCURRED (month, day, year)	
21. December 18, 1976	January 21, 1976	January 21, 1976	Did	5:45 P.M.	
PHYSICIAN - SIGNATURE		NAME (type or print)	degree or title	DATE SIGNED (month, day, year)	
22a. Dr. Walter, M.D.		22b. C. L. Chester, M.D.		January 23, 1976	
MAILING ADDRESS - PHYSICIAN					
23. Veterans Administration Hospital, Sam Jackson Park Road, Portland Oregon 97207					
BURIAL, CREMATION, REMOVAL, MAUS. (specify)	CEMETERY OR CREMATORY - NAME	LOCATION (city or town, state)	DATE (mo., day, year)		
24a. Burial	24b. Willamette Nat'l Cemetery	Portland Oregon	24d. 1-27-76		
FUNERAL DIRECTOR - SIGNATURE	FUNERAL HOME - NAME AND ADDRESS (street, city or town, state, zip)				
25a. [Signature]	25b. Mt. Scott Funeral Home - 4205 S.E. 59th - Portland, Or. 97206				
REGISTRAR - SIGNATURE	DATE RECEIVED BY LOCAL REGISTRAR		DATE RECEIVED BY STATE REGISTRAR		
26a. [Signature]	26b. JAN 26 1976		27.		
RESERVED FOR REGISTRAR'S USE					

VS 2 R-69

STATE OF OREGON)

Date JAN 26 1976

COUNTY OF MULTNOMAH)

This is to certify that the foregoing is a reproduction of the original record which was filed with the Multnomah County Division of Public Health.

(Seal)

Registrar of Vital Statistics

By [Signature] Deputy Registrar of Vital Statistics

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 6th day of FEBRUARY A.D., 1976 at 12:42 o'clock A.M., and duly recorded in Vol. M 76 of DEEDS on Page 1738.

FEE \$ 3.00

WM. D. MILNE, County Clerk

By [Signature] Deputy

Dist. 1: Richard D. Bennett
2604 NE Hwy 101 Suite C
Henderson, Ky 40130