

REC'D JAN 6 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

3392
Do not use this space.

1. PLACE OF DEATH

(a) County Permiest 2 Registration District No. 65-1
(b) Township Little Prairie Primary Registration District No. 0-862 Registered No. 1
(c) City..... (d) Street No.....
(If death occurred in Hospital or Institution, write its name instead of street and number) St.
(e) Length of residence in city or town where death occurred 4 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

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

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 2 1939

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Walker (1890)

22. I HEREBY CERTIFY, That I attended deceased from, 19....., to, 19.....

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5.7-1890

I last saw h..... alive on, 19..... Death is said to have occurred on the date stated above, at 5A.....m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
49 7 25

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

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. banker
9. Industry or business in which work was done, as saw mill, bank, etc. home
10. Date deceased last worked at this occupation (month and year) 12-26-38 11. Total time (years) spent in this occupation 20

I dont know possibly pneumonia.
Date of onset

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Caldwate miss.

Other contributory causes of importance: Lead + chest cold for one week.

FATHER 13. NAME Henry Rindraw 1

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Caldwate miss.

MOTHER 15. MAIDEN NAME Sarah Johnson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Caldwate miss.

17. INFORMANT (ADDRESS) Athel McCarin

18. BURIAL, CREMATION, OR REMOVAL PLACE Hayti - Mo. DATE Jan. 3 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Myrtle Smith

20. FILED Jan. 3 1939 Cida Martin Local Registrar.

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 19.....
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) Jack Kelly Coroner Hayti - Mo.
595 (Address) Hayti - Mo.

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.....

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, above space should be left blank.