

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11061

APR 18 1940

Registration District No. 528

Primary Registration District No. 5464

Registrar's No. _____

1. PLACE OF DEATH:
(a) County Drunby
(b) City or town Taylor Twp. (Rural)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location) W
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days 11 7 1

3. (a) PRINT FULL NAME Pride Ann Walker
3. (b) If veteran, name war _____ 3. (c) Social Security No. none
4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Ernest Walker 6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased March 23 1873
(Month) (Day) (Year)

8. AGE: Years 66 Months 9 Days 23 If less than one day _____ hr. _____ min.

9. Birthplace Taylor Twp. Drunby Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business _____

12. Name Jack Johnson

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

14. Maiden name Carole (unknown)
(City, town, or county) (State or foreign country)

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

16. (a) Informant's own signature Harrison Webb

(b) Address Brunson Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 17, 1940
(Month) (Day) (Year)

(c) Place: burial or cremation Coxs Creek Cem

18. (a) Signature of funeral director Martha Ann Stone

(b) Address Clinton Mo.

19. (a) 1-15-40 (Date received local registrar) (b) Ernest Fair (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Drunby
(c) City or town Rural Taylor Twp.
(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 11 day 17 year 1940 hour 4 minute 15 A. M.
21. I hereby certify that I attended the deceased from Satisfies to death as 19____; that I last saw h. Carole and that death occurred on the date and hour stated above. 19____;

Immediate cause of death died suddenly Duration _____
badly heart attack

Due to Heart disease
Due to _____

Other conditions None known
(Include pregnancy within 8 months of death)

Major findings: None 19____
Of operations _____
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) no

(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? 360

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

23. Signature Ernest Fair (M. D. or other) _____

Address Clinton Mo Date signed 1-15-40

RECEIVED
District Health Officer No. 11,
District File Number 440-574
Date Filed APR 13 1940

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. Loan Martin*

Licensed Embalmer No. *3760*

P. O. Address *Princeton mo.*

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.