

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11118
Registrar's No. _____

Registration District No. 376

Primary Registration District No. 4220

1. PLACE OF DEATH:
(a) County HOWARD
(b) City or town ARMSTRONG MO
(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)
In this community 5 yrs
years, months or days _____

3. (a) PRINT FULL NAME TEMPERANCE WALKUP
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 MARRIED
6. (b) Name of husband or wife J. E. WALKUP 6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased July 31 1887
(Month) (Day) (Year)

8. AGE: Years 57 Months 6 Days 25 If less than one day _____ hr. _____ min.

9. Birthplace HOWARD Co MO (City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WIFE

11. MOTHER FATHER
12. Name J. H. PHELPS
13. Birthplace MISSOURI (City, town, or county) (State or foreign country)
14. Maiden name MARY JANE FINNELL
15. Birthplace MISSOURI (City, town, or county) (State or foreign country)

16. (a) Informant's own signature J. E. Walkup
(b) Address ARMSTRONG MO

17. (a) CITY CEMETERY (b) Date thereof 3-28-1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation CITY CEMETERY

18. (a) Signature of funeral director _____
(b) Address ARMSTRONG MO
19. (a) 3-28-40 (b) H. M. Dickerson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County HOWARD
(c) City or town ARMSTRONG MO
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month MARCH day 25th
year 1940 hour 1 minute 15 P. M.

21. I hereby certify that I attended the deceased from June 3, 1940 to MARCH 25, 1940
that I last saw her alive on MARCH 17, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 3-40

Due to _____
Due to _____

Other conditions High Blood Pressure - Glaucoma
(Include pregnancy within 3 months of death)
Major findings: Of operations PHYSICIAN _____
Of autopsy _____ 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? 337
(Specify type of place) _____
While at work? _____ (e) Means of injury _____
23. Signature H. M. Dickerson (M. D. or other) _____
Address Armstrong MO Date signed 3/28/40

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

NOV-6-17-30 I 1931

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.

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 11-10-40

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.