

S. No. 2
11-10-39
5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

39021

State File No. _____

Registration District No. 460

Registration District No. 4274

Registrar's No. 53

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

1. PLACE OF DEATH:

(a) County Lafayette
(b) City or town Higginsville 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 73 years in Lafayette County years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County Lafayette
(c) City or town Higginsville 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.

3. (a) PRINT FULL NAME Mrs. Rachel Alice Walker

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 William Walker 6. (c) Age of husband or wife if alive 83 years

7. Birth date of deceased Dec. 10, 1864
(Month) (Day) (Year)

8. AGE: Years 75 Months 9 Days 25 If less than one day hr. min.

9. Birthplace Rogersville Tennessee
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name David Lyons

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

14. Maiden name Mitilda E. Rooney

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

16. (a) Informant Dr. E. M. Moore Jr.

(b) Address Higginsville Mo.

17. (a) burial (b) Date thereof Oct 6, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lexington Mo.

18. (a) Signature of funeral director A. H. Haderl

(b) Address Higginsville Mo.

19. (a) 11-2-1940 (b) T. J. Webb
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 4 year 1940 hour 11 P.M. minute _____ M.

21. I hereby certify that I attended the deceased from 1938, 19____, to Oct 4, 1940

that I last saw her alive on Oct 4, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Uremia
Chronic Myocarditic decompensation
Chronic Nephritis

74 days
4 years
2 years

Due to _____

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 MO

(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? _____

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

23. Signature Samuel A. Moore (M. D. or other) MD

*Address Higginsville Mo Date signed 10-16-40

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 12-5-40

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 Robert R. Kephart

Licensed Embalmer No. 3637V

P. O. Address Highway 11, 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.