

42486

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 309

Primary Registration District No. 5427

Registrar's No. 48

1. PLACE OF DEATH:

(a) County Gentry
(b) City or town Albany Rural Athens Ind
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: athens Township
(If not in hospital or institution, write street number & location)
(d) Length of stay: In hospital or institution. (Specify whether
In this community years, months or days) 22

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gentry
(c) City or town Albany Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 5 1/2 mile East of albany
(If rural, give location)
(e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME MARY ELIZA WALKER

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced. W
6. (b) Name of husband or wife. John Walker Deceased 6. (c) Age of husband or wife if alive. years
7. Birth date of deceased. Feb 22 1881
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
89 9 21 hr. min.

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

10. Usual occupation Farm Wife

11. Industry or business
MOTHER FATHER { 12. Name Daniel Rhodus
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Roberts
15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Lige Hill
(b) Address New Hampton Mo

17. (a) Burial (b) Date thereof. 12 15 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Matkins

18. (a) Signature of funeral director W. S. Noble
(b) Address New Hampton Mo

19. (a) Dec. 30, 1940 (b) W. L. Martin
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 13
year 1940 hour 3 minute 30 P.M.

21. I hereby certify that I attended the deceased from Jan 1
1940, to Dec 13, 1940;
that I last saw her alive on June 30, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Interstitial Nephritis

Due to. 31
Due to. 31
Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: Of operations
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?

281 (Specify type of place) (e) Means of injury

23. Signature G. Wilson (M. D. or other) MD
Address New Hampton Mo Date signed

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

Rev. 6-17-39

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.

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.....

W G Noble

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

W G Noble

Licensed Embalmer No. *2904*

P. O. Address *New Hampton 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.