

JAN 21 1941
Registration District No. 618

Primary Registration District No. 3296

Registrar's No. 15-3

1. PLACE OF DEATH:

(a) County Nodaway
(b) City or town MARYVILLE, MISSOURI
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Francis
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 hours
(Specify whether
In this community 1 1/4 mi from Residence
years, months or days) 1

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway
(c) City or town Burlington Junction "BOBA"
(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 OLA MAY WALTER

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 _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased October 28 1884
(Month) (Day) (Year)

8. AGE: Years 56 Months 14 Days _____ If less than one day hr. _____ min.

9. Birthplace Nodaway Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Home Keeper

11. Industry or business _____

MOTHER FATHER { 12. Name James Walter 1
13. Birthplace Indiana 11
(City, town, or county) (State or foreign country)
14. Maiden name Ida Howard
15. Birthplace Nodaway Co. Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Sister Mrs. Lilly Cassel
(b) Address Burlington Junction Mo

17. (a) (Burial, cremation, or removal) _____ (b) Date thereof _____
(Month) (Day) (Year)
(c) Place: burial or cremation Ohio Cent. of Mo

18. (a) Signature of funeral director Wm. J. Sturgis
(b) Address Burlington Jct. Mo

19. (a) 12-30-40 (b) Wm. J. Sturgis
(Date received local registrar) (Registrar's Signature)
Mrs. M. C. Clark

MEDICAL CERTIFICATION

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

21. I hereby certify that I attended the deceased from 11/11
_____ 1940 to 11/11 1940
that I last saw her alive on 11/11 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 5 hrs

Due to Hypertension ?

Due to _____

Other conditions HTN
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____

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 _____
(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? 556
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature B. F. DeFord M.D. (M. D. or other) _____
Address Burlington Jct. Mo Date signed 11/11/40

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

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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.....

M. E. STURGIS

~~Registered Apprentice~~

working under my personal supervision.

Signed.....

Licensed Embalmer No. 269829

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.