

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

2803

Registration District No. 0084

Primary Registration District No. 5539

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Howell Spring Creek Twp  
 (b) City or town Pottersville  
 (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 \_\_\_\_\_  
 years, months or days

3. (a) PRINT FULL NAME Lucinda A. 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 David W. Walker  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased Oct. 13 1879  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
61 2 16 hr. \_\_\_\_\_ min.

9. Birthplace Howell County Missouri  
 (City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business

12. Name J. C. Johnston  
 13. Birthplace Ill.  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Matilda Alexander  
 15. Birthplace Rolla Missouri  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature D. W. Walker  
 (b) Address Pottersville, Mo.

17. (a) burial (b) Date thereof Dec. 31, 1940  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Scureall

18. (a) Signature of funeral director Lawrence Sears  
 (b) Address West Plains, Mo

19. (a) 1-10-41 (b) Vida W. Simons  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howell  
 (c) City or town Pottersville  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_  
 (If rural, give location) 8  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 29  
 year 1940 hour 8:20 minute P. M.

21. I hereby certify that I attended the deceased from May  
1, 1940, to Dec 30, 1940  
 that I last saw her alive on 12-1, 1940  
 and that death occurred on the date and hour stated above.

Immediate cause of death Metical insufficiency 2 yrs  
 Duration \_\_\_\_\_

Due to \_\_\_\_\_  
 Due to 1920  
 Other conditions (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?  
 \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
 (e) Means of injury \_\_\_\_\_  
 23. Signature W. A. Beach M.D. (M. D. or other) \_\_\_\_\_  
 Address Edgah, Mo Date signed 12-30

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

Rev. 5-17-39 1-10-41

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. 5,

D:

D:

24/1/45

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 Laurence Carr  
Licensed Embalmer No. 4031  
P. O. Address West Plains 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.