

No. 2
4-13-40
-17-39
X23159

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3882
Registrar's No. _____

FILED FEB 18 1941

Registration District No. 689

Primary Registration District No. 3033

1. PLACE OF DEATH: Pike
(a) County Pike Mo
(b) City or town Louisiana Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home
(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 Sarah Jane Walkley
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 Widowed
6. (b) Name of husband or wife Enoch Walkley 6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased Sept 11-67
(Month) (Day) (Year)

8. AGE: Years 72 Months 4 Days 9 If less than one day _____ hr. _____ min.

9. Birthplace Callaway Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Wife

11. Industry or business Home

12. Name John Alex Allen

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

14. Maiden name Fidellia Pratt

15. Birthplace Callaway Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant James Alex Walkley
(b) Address Louisiana Mo

17. (a) Burial (b) Date thereof Jan 22-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation River view Louisiana
18. (a) Signature of funeral director J. H. Hally
(b) Address Louisiana Mo
19. (a) 1/21/41 (b) J. H. Hally
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Pike Mo
(c) City or town Louisiana Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 716 Washington
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 20
year 1941 hour 7 minute 30 p M.
21. I hereby certify that I attended the deceased from 1938
_____, 19____ to Jan 20, 1941;
that I last saw her alive on Jan 20, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of sigmoid colon.
Due to _____
Due to H&G
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? _____
23. Signature G. L. Bigler (Specify type of place) 620
While at work? _____ (If Means of injury)
Date signed 1/21/41
Address Louisiana Mo

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

11 11 11 11 11 11

RECEIVED

District Health Officer No. 10

District File Number 2-41-219

Date Filed FEB 7 1941

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.....

George O. Wagner

....., Registered Apprentice No.

working under my personal supervision.

Signed *George O. Wagner*

Licensed Embalmer No. 3773

P. O. Address Louisiana, La

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, fact should be so stated above.