

No. 2  
-13-40  
17-39  
X23159

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 10971

Registration District No. 411

Primary Registration District No. 2002

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

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

1. PLACE OF DEATH: Jasper  
(a) County Jasper  
(b) City or town Joplin  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Freeman Hospital  
(If not in hospital or institution, write street number or location) 0  
(d) Length of stay: In hospital or institution 1 week  
In this community Lifetime  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jasper  
(c) City or town Joplin  
(If outside city or town limits, write "RURAL")  
(d) Street No. 301 Pearl  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? No 0 years.

3. (a) PRINT FULL NAME Alma Charlotte Walker  
(b) If veteran, \* \* \* name war \_\_\_\_\_  
(c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month March day 31  
year 1941 hour 12 minute 45 A. M.

4. Sex Fem 5. Color or race W  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Joe W. Walker  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased: May 15 1882  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 7, 1941, to March 31, 1941, that I last saw her alive on March 31, 1941, and that death occurred on the date and hour stated above.

8. AGE: Years 58 Months 10 Days 16  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Immediate cause of death: Right Coronary Occlusion  
Duration 8 days

9. Birthplace Bureau Jct Illinois  
(City, town, or county) (State or foreign country)

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death):  
Chronic Hypertension  
Major findings of autopsies: Chronic Hypertension

10. Usual occupation House duties

11. Industry or business HOME

MOTHER FATHER  
12. Name P. A. Nelson  
13. Birthplace Sweden  
(City, town, or county) (State or foreign country)  
14. Maiden name Charlotte Johnson  
15. Birthplace Sweden  
(City, town, or county) (State or foreign country)

PHYSICIAN  
Underline the cause to which death should be charged statistically.

16. (a) Informant Don Walker  
(b) Address Joplin, Mo.

17. (a) Burial (b) Date thereof 4/2/41  
(Burial, cremation or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope Cemetery

18. (a) Signature of funeral director Skullbut and Co.  
(b) Address Joplin, Mo.

19. (a) 4-1-41 (b) Ed D. Jamieson  
(Date received local registrar) (Registrar's signature)

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? \_\_\_\_\_ Means of injury \_\_\_\_\_

23. Signature Ed D. Jamieson (M. D. or other) \_\_\_\_\_  
Address 708 Proc. Day, Joplin, Mo. Date signed March 31, 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.....

.....; Registered Apprentice No.....

working under my personal supervision.

Signed

*Sam E. Sencer*

Licensed Embalmer No. *40990*

P. O. Address *Joplin 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, fact should be so stated above.**