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FILED JUL 17 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

22178

Registration District No. 547

Primary Registration District No. 3029

State File No. _____

Registrar's No. 198

1. PLACE OF DEATH:

(a) County Marion

(b) City or town Hannibal
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1218 1/2 Broadway
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 50 years
(Specify whether years, months or days)

In this community 50 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion

(c) City or town Hannibal
(If outside city or town limits, write "RURAL")

(d) Street No. 218 1/2 Broadway
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Malinda Jane Walker

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 20th
year 1941 hour 3:14 minute 0 M.

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

21. I hereby certify that I attended the deceased from June 19, 1941, to June 20, 1941; that I last saw her alive on June 19, 1941; and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

Immediate cause of death Cerebral apoplexy

6. (b) Name of husband or wife John D. Walker 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased December 14, 1890
(Month) (Day) (Year)

Due to Arteriosclerosis

8. AGE: Years 90 Months 5 Days 6 hr. _____ min. _____

Due to _____

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

Other conditions § 20 W
(Include pregnancy within 3 months of death)

10. Usual occupation at home

Major findings: Of operations _____

11. Industry or business _____

12. Name James Love Ratliff

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

14. Maiden name Dorcas Atkins

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

Of autopsy _____

16. (a) Informant Ratiff Ratliff

22. If death was due to external causes, fill in the following:

(b) Address 218 1/2 Broadway Hannibal Mo

17. (a) Burial (b) Date thereof June 23, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(a) Accident, suicide, or homicide (specify) _____

(c) Place: burial or cremation Ms. Olivet Cemetery

(b) Date of occurrence _____

18. (a) Signature of funeral director W. G. P. Schwartz

(b) Address Hannibal Missouri

(c) Where did injury occur? _____
(City or town) (County) (State)

19. (a) June 25 1941 (b) W. C. Fisher
(Date received local registrar) (Registrar's signature)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
(Specify type of place)

23. Signature Glenn Miller (M. D. or other) 2

Address Hannibal Mo Date signed 6/25/41

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

Duration

7 day

6 of 3 4

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.....

Ray P. Schwartz

Registered Apprentice No.....

working under my personal supervision.

Signed: *Ray P. Schwartz*

Licensed Embalmer No. *1765-D*

P. O. Address *Hannibal, 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..