

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

100
25

FILED SEP 11 1941

Registration District No. 851

Primary Registration District No. 4553

Registrar's No.

1. PLACE OF DEATH:
(a) County Scott
(b) City or town Sikeston Mo
(c) Name of hospital or institution: In Dr. Martin's Office 3
(d) Length of stay: In hospital or institution _____
In this community _____

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County New Madrid
(c) City or town Rural
(d) Street No. 1/2 mile south of Catron, Mo
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME OPHELIA WALKER

MEDICAL CERTIFICATION

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

20. DATE OF DEATH: Month August day 5th
year 1941 hour 4 minute 30 P. M.

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

21. I hereby certify that I attended the deceased from June 20, 1941, to August 5, 1941;

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

and that death occurred on the date and hour stated above.

7. Birth date of deceased month 16 1936
(Month) (Day) (Year)

Immediate cause of death Hypostatic Pneumonia

8. AGE: Years 5 Months 4 Days 19 If less than one day _____ hr. _____ min.

Due to Tuberculosis of Rensal

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

Due to _____

10. Usual occupation None

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

11. Industry or business _____

Major findings: Of operations _____ Of autopsy _____

12. Name B Frank Walker

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

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

14. Maiden name Virginia Eastley

15. Birthplace John Ark (City, town, or county) (State or foreign country)

16. (a) Informant B Frank Walker

(b) Address Catron Mo

17. (a) Burial (b) Date thereof Aug 6 41 (Month) (Day) (Year)

(c) Place: burial or cremation Catron Cemetery

18. (a) Signature of funeral director Duncan Comical Home

(b) Address Berme Mo

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 A. B. Martin (M. D. or other) MD
Address Sikeston, Mo. Date signed 8/5/41

RECEIVED

District Health Office No. 2,

District File Number 941-1240

Date Filed 9/8/41

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.....

Licensed Embalmer No.....

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, fact should be so stated above.

STANDARD CERTIFICATE OF DEATH

State File No. 29536

Registration District No. 821

Primary Registration District No. 4553

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Scott

(b) City or town Sikeston
(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 years, months or days)

3. (a) PRINT FULL NAME Ophelia Walker

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

4. Sex F 5. Color or race B 6. (a) Single, widowed, married, divorced D

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

7. Birth date of deceased mar 16 1936
(Month) (Day) (Year)

8. AGE: Years 5 Months 4 Days _____ (If less than one day _____ min.)

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

10. Usual occupation _____

11. Industry of business _____

MOTHER FATHER

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____
(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____
(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

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

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day _____
year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____
to _____, 19____
that I last saw him _____ alive on _____, 19____
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Due to Tuberculosis of Bowel

Due to No complications

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 R. D. Martin (M. D. or other) MD
Address Sikeston, MO Date signed 10/14/41

SUPPLEMENTARY

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

Sikeston, Mo.

