S. No. 2
—9-4-41
5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

5820

State File No.

FILED MAR 16 1942

Registration District No. 976

Primary Registration District No. 509-15075

Registrar's No. 14

1. PLACE OF DEATH

(a) County: Bates

(b) City or town: Montrose Rural-Deepwater
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Deepwater Twp. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: None (Specify whether years, months or days)

In this community: 60 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Bates

(c) City or town: Montrose Rural
(If outside city or town limits, write "RURAL")

(d) Street No.: Deepwater Twp.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country: ✓

3. (a) PRINT FULL NAME: LILLY MOORE WALKER

3. (b) If veteran, name war: None

3. (c) Social Security No.: None

4. Sex: F.

5. Color or race: W.

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: EARL WALKER

6. (c) Age of husband or wife if alive: 55 years

7. Birth date of deceased: Oct. (Month) 14 (Day) 1871 (Year)

8. AGE: Years 70 Months 4 Days 18 If less than one day hr. min.

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

10. Usual occupation: Housekeeper

11. Industry or business: ✓

FATHER
12. Name: William Nash
13. Birthplace: Kentucky (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Deborah Sutenger
15. Birthplace: Kentucky (City, town, or county) (State or foreign country)

16. (a) Informant: Earl Walker

(b) Address: Montrose Mo. RR #

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3-4-1942 (Month) (Day) (Year)

(c) Place: burial or cremation: Johnstown Cem.

18. (a) Signature of funeral director: H. L. Vansant

(b) Address: Clinton Mo.

19. (a) March 5-1942 (Date received local registrar) (b) Laura G. Odneal (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2nd day March year 1942 hour 2-50 minute P.M.

21. I hereby certify that I attended the deceased from Sept. 1, 1938, to Mar. 2, 1942 that I last saw h. alive on March 1, 1942. and that death occurred on the date and hour stated above.

Immediate cause of death: Valvular heart disease
hypertension

Due to: Toxic goiter

Due to:

Other conditions (Include pregnancy within 3 months of death): 93d

Major findings:
Of operations:

Of autopsy: Not done

Duration

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? (Specify type of place)

While at work? (e) Means of injury:

23. Signature: Joseph C. O'Neill (M. D. or other) M.D.

Address: Clinton, Mo. Date signed 3-3-42.

959

(Licensed Embalmer's Statement on Reverse Side)

MAR 15 1958

RECEIVED
District Health Officer No. 7,
District File Number 3-42-235
Date Filed 3-11-42

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 W. L. Vansant

Licensed Embalmer No. 3779

P. O. Address Clinton 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.