

S. No. 2
4-1-4-41
7. 5-17-39
9-1 X2839

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

15862

State File No. _____

FILED MAY 13 1948
Registration District No. 278

Primary Registration District No. 6156

Registrar's No. 13

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

1. PLACE OF DEATH:

(a) County Vernon

(b) City or town Rural - Drywood Twp.
(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 _____)
In this community 70 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Vernon

(c) City or town Rural - Drywood Twp.
(If outside city or town limits, write "RURAL")

(d) Street No. Sheldon R.R. (If rural, give location)

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

3. (a) PRINT FULL NAME EMILY CATHERINE WALKER

3. (b) If veteran, name war no

3. (c) Social Security No. None

4. Sex female 5. Color or race W.

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

6. (b) Name of husband or wife JAMES HENRY WALKER

6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased Mar 24 1862
(Month) (Day) (Year)

8. AGE: Years 80 Months 0 Days 7 If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name SAMUEL FRANKLIN BOGARD

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

14. Maiden name unknown

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

16. (a) Informant Mrs. Gordon Hornecker

(b) Address Sheldon Mo. R. 1.

17. (a) Rural (Burial, cremation, or removal) (b) Date thereof April 9 1948 (Month) (Day) (Year)

(c) Place: burial or cremation Sheldon Cemetery

18. (a) Signature of funeral director G. B. Beeny & Sons

(b) Address Sheldon Mo.

19. (a) April 2, 1948 (Date received local registrar) (b) Wesleyer Ludwig (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1 year 1942 hour 9 minute 45 AM.

21. I hereby certify that I attended the deceased from Feb. 15 1942 to Mar 31 1942
that I last saw her alive on Mar 31 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Terminal lobular pneumonia Hypertensive cardiac-vascular
Due to renal disease Multiple cerebral hemorrhage Senility
Duration 2 days 1935-1941

Other conditions 108
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

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 James G. Duckitt (M. D. or other) MD
Address Sheldon Mo Date signed 4/2/48

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

1224 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 7

District File Number 5-42-478

Date Filed 5-8-82

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 Carroll T. Beery

Licensed Embalmer No. 2385

P. O. Address Schildon 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.