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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 4 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

33572

State File No.

Registration District No. 218

Primary Registration District No. 3017

Registrar's No. 132

1. PLACE OF DEATH:

(a) County Cooper

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

(c) Name of hospital or institution: St. Joseph Hospital. 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 Days. (Specify whether
In this community all of life.
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 27

(a) State Missouri (b) County Cooper 1

(c) City or town Boonville, 2
(If outside city or town limits, write "RURAL")

(d) Street No. Hotel Frederick
(If rural, give location)

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

If yes, name country --- 0

3. (a) PRINT FULL NAME Mrs. Kate Walden.

3. (b) If veteran, name war ---

3. (c) Social Security No. ---

4. Sex Female

5. Color or race White 1

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Chas. J. Walden.

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

7. Birth date of deceased Oct. (Month) 14" (Day) 1867 (Year)

8. AGE: Years 75 | Months | Days 14 | If less than one day ___ hr. ___ min.

9. Birthplace Boonville, (City, town, or county) Missouri. 0 (State or foreign country)

10. Usual occupation Housewife.

11. Industry or business At Home.

FATHER
12. Name David Spahr.
13. Birthplace Missouri. 0 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elizabeth Shields.
15. Birthplace Missouri. 0 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Robert Spahr.
(b) Address Boonville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 30"/42 (Month) (Day) (Year)
(c) Place: burial or cremation Walnut Grove Cemetery.

18. (a) Signature of funeral director Goodman & Rodes
(b) Address Boonville, Mo.

19. (a) Oct 30-42 (Date received local registrar) (b) Dr Chas. Swap. (Registrar's signature)

1088

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 28" year 1942 hour 8 minute 45 a.M.

21. I hereby certify that I attended the deceased from Oct 18th 1942 to Oct 28th 1942 that I last saw her alive on Oct 27th 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Mitral Mitral Heart

Due to 92b

Due to

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

Major findings:
Of operations

Of autopsy

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 R. L. Evans (M. D. or other)

Address Boonville Mo Date signed Oct 30th

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

District File Number .....

Date Filed 11-2-42

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 J. H. Goodman

Licensed Embalmer No. 1178

P. O. Address Boonville, 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.