

NEED NOV 13 1942

Registration District No. **251**

Primary Registration District No. **3048**

Registrar's No. **159**

1. PLACE OF DEATH:

(a) County **Holaway**  
(b) City or town **Marysville** city  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **St. Francis**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **6 Days**  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Holt**  
(c) City or town **Rolla**  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Mary Ellen Walker**

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

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **June 9 1855**  
(Month) (Day) (Year)

8. AGE: Years **87** Months **10** Days **14**  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation **Home work**

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **Henry Watrous**  
13. Birthplace **Ind 1**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Elizabeth Watrous**  
15. Birthplace **unknown**  
(City, town, or county) (State or foreign country)

16. (a) Informant **A J Walker**  
(b) Address **Main St Mo.**

17. (a) **Buried** (b) Date thereof **11 26 1942**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New Light Cemetery**

18. (a) Signature of funeral director **W H Crawford**  
(b) Address **Main St Mo.**

19. (a) **Oct 14 1942** (b) **Mary Cole**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct** day **14**  
year **1942** hour **2** minute **20 A.M.**

21. I hereby certify that I attended the deceased from **Oct 9** 1942 to **Oct 14** 1942  
that I last saw h. **in** alive on **Oct 14** 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death **Shock and Toxicemia**

Due to **1st + 2d degree burn 7 cent. face arms & hands**

Other conditions (Includes pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following: **044**

(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? **1**

(Specify type of place) While at work? \_\_\_\_\_ (e) Means of injury **1**

23. Signature **H. M. Hall** (M.D. or other) **MD**  
Address **Rolla Mo.** Date signed **10-14-42**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

1504

Handwritten notes at top right.

Handwritten notes below top right.

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 [Signature] Licensed Embalmer No. 1824 P. O. Address [Signature]

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 34443  
Registrar's No. 159

Registration District No. 251

Primary Registration District No. 3048

1. PLACE OF DEATH:  
(a) County nodaway  
(b) City or town marysville  
(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 \_\_\_\_\_ years, months or days)

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 \_\_\_\_\_

3. (a) PRINT FULL NAME Mary Ellen Walker  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Dec Day \_\_\_\_\_ Year 1942 hour \_\_\_\_\_ minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_; that I saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above. (Immediate cause of death Shock & Trauma)

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced \_\_\_\_\_  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased: Jan 9 (Month) (Day) (Year)

Duration \_\_\_\_\_  
Due to 1st & 2nd degree burn of chest, front of arms & hands

8. AGE: Years 87 Months 12 Days no (If less than one day \_\_\_\_\_ min.)

Other conditions (Indicate pregnancy within 3 months of death)  
Major findings: Cause of explosion unknown.

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

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

10. Usual occupation \_\_\_\_\_  
11. Industry or business \_\_\_\_\_

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 \_\_\_\_\_ (Month) (Day) (Year)  
(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)

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 Chas. T. Bell (M. D. or other) \_\_\_\_\_  
Address Marysville, Mo. Date signed 12/12/42

SUPPLEMENTARY

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

MOTHER FATHER

1942

S-34443