37218

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

FILED DEC 14 1942

Registration District No. 140 — Primary Registration District No. 3024 5549 — Registrar's No. 45

45
0
0

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

1. PLACE OF DEATH:

(a) County Howard

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

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

(d) Length of stay: In hospital or institution ____ (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Howard 45 0 0

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

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

(e) If foreign born, how long in U. S. A.? ✓ 0 years.

3. (a) PRINT FULL NAME Rebecca Jane Walden

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 2 Wid

6. (b) Name of husband or wife R H Walden

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

7. Birth date of deceased Nov (Month) 18 (Day), 1849 (Year)

8. AGE: Years 93 | Months 0 | Days 1 | If less than one day ____ hr. ____ min.

9. Birthplace Carroll Co (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business ✓

FATHER
12. Name David P. Todd
13. Birthplace ____ (City, town, or county) Ky 1 (State or foreign country)

MOTHER
14. Maiden name Parmelia Warden
15. Birthplace ____ (City, town, or county) Mo 0 (State or foreign country)

16. (a) Informant Fannie Walden
(b) Address Fayette Mo

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 11-22-42 (Month) (Day) (Year)
(c) Place: burial or cremation City Cem. Fayette, Mo

18. (a) Signature of funeral director R. P. W. Carary
(b) Address Glasgow Mo.

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 19
year 1942 hour 6 30 minute P. M.

21. I hereby certify that I attended the deceased from 11-14, 1942, to 11-19, 1942,
that I last saw her alive on 11-18-42, 19__;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to Senility	
Due to	
Other conditions Fracture of hip (Include pregnancy within 3 months of death)	12 yrs ago

Major findings:
Of operations None
Of autopsy None

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 D. L. Coffman (M.D. or other) MD
Address Fayette Mo Date signed 11-23-42

1321

(Licensed Embalmer's Statement on Reverse Side)

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 T. P. McGrary

Licensed Embalmer No. 3153

P. O. Address Glasgow, 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, above space should be left blank.

. S. No. 2B
DM—8-21-41
I X29288

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

State File No. 37218

Registration District No. 140 Primary Registration District No. 5549 Registrar's No. 45-

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County Howard

(b) City or town Rural
(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 Rebecca Jane Walden

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Nov (Month) 18 (Day) 1849 (Year)

8. AGE: Years 93 Months 0 Days 9 If less than one day min.

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

10. Usual occupation

11. Industry or business

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

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

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

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

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 19
year 1942 hour minute M.

21. I hereby certify that I attended the deceased from
19 to 19;
that I last saw h alive on 19;
and that death occurred on the date and hour stated above.

Immediate cause of death

Due to Senility 162 h

Due to

Other conditions Fracture of hip - 12 yrs ago.
(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) accident
(b) Date of occurrence about 12 yrs ago.
(c) Where did injury occur? at home (City or town) (County) (State)
(b) Did injury occur in or about home, on farm, in industrial place, in public place? In her own home (Specify type of place)
While at work? Don't Remember (c) Means of injury

23. Signature D. L. Coffman (M. D. or other) MD
Address Fayette Mo. Date signed 12-31-42

S-37218