

S. No. 2
1-9-4-41
1-5-1941
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 17816
Registrar's No. 49

Registration District No. 120

Primary Registration District No. 5448

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

1. PLACE OF DEATH:
(a) County Henry - Huggins
(b) City or town Bushy
(c) Name of hospital or institution: 1 V
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 85 yrs
In this community 85 yrs
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County Henry
(c) City or town Stambersy Bushy
(If outside city or town limits, write "RURAL")
(d) Street No. P.C. 6th
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Mrs. Charisanda Walker
3. (b) If veteran, name war ✓
3. (c) Social Security No. None

4. Sex F 5. Color or race W
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Green Walker
6. (c) Age of husband or wife if alive deceased
7. Birth date of deceased Feb 20 1886
(Month) (Day) (Year)

8. AGE: Years 87 Months 2 Days 18
If less than one day 1 hr. 0 min.

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

10. Usual occupation Housewife at Home

11. Industry or business
12. Name Cheryl Nelson
13. Birthplace Denmark
(City, town, or county) (State or foreign country)
14. Maiden name Marguerite Rickerson
15. Birthplace Denmark
(City, town, or county) (State or foreign country)

16. (a) Informant A. G. Walker
(b) Address Stambersy MO
17. (a) Bushy (b) Date thereof 5-9-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial Stambersy MO
18. (a) Signature of funeral director John A. Dillies
(b) Address Stambersy MO

19. (a) 5/9/43 (b) John M. Tipton
(Date received local registrar) (Registrar's signature)
1108 (Licensed Expanding's Registration on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8
year 1943 hour 1 minute 15 A.M.
21. I hereby certify that I attended the deceased from May 1st
1943, to May 8th 1943,
that I last saw her alive on May 7 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Haemorrhage of neck at base of
Due to ✓
Due to ✓
Other conditions (Include pregnancy within 3 months of death) 120
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?
While at work? ✓ (Specify type of place) (e) Means of injury ✓
23. Signature C. M. Williamson (Seal or other) 00
Address Stambersy MO Date signed 5/8/43

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

Leroy A. Phillips

Licensed Embalmer No. *1895*

P. O. Address

Stenberg Md

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.