

S. No. 2
M-9-4-41
5-17-39
X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 25406

FILED JUL 21 1943

Registration District No. 4276

Primary Registration District No. 4276

Registrar's No. 86

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

55
4
0

1. PLACE OF DEATH:

(a) County Lawrence

(b) City or town Pierce City
(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 7 1/2 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Lou Ola Walker

3. (b) If veteran, name war _____ 3. (c) Social Security No. X

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Vasel Walker 6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased June 4 1903
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>40</u>	<u>0</u>	<u>8</u>	
				hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name John Redmill

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

14. Maiden name Unknown

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

16. (a) Informant Vasel Walker

(b) Address Pierce City Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/18/43
(Month) (Day) (Year)

(c) Place: burial, or cremation Pierce City Cem.

18. (a) Signature of funeral director Himmeyia

(b) Address Pierce City Mo.

19. (a) 6-17-43 (Date received local registrar) (b) Ernie Green (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County Lawrence

(c) City or town Pierce City
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 11 year 1943 hour 4 minute 15 A. M.

21. I hereby certify that I attended the deceased from Dec 1st 1942 to June 11 1943
that I last saw her alive on June 11 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Thyroid Heart -

Due to Exophthalmic goiter

Due to _____
Other conditions Hemorrhagic kidney disease
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy 133 p 1

Duration 4 years

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) Means of injury _____

23. Signature Dr. C. Bruggardner (M. D. or other) No.
Address Pierce City Mo. Date signed 6/17/43

1158 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 6;

District File Number 743-885

Date Filed JUL 20 1943

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 me, Registered Apprentice No. _____ working under my personal supervision.

Signed

Robert O. Ramirez

Licensed Embalmer No. 3822

P. O. Address Miss City, 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.