

FILED DEC 23 1943

Registration District No. _____

Primary Registration District No. 5-698

Registrar's No. 126

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

1. PLACE OF DEATH:

(a) County Livingston

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

(c) Name of hospital or institution:
7 Miles Northwest Chillicothe, Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days) 64 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County Livingston

(c) City or town (RURAL) Sampsel Twp.
(If outside city or town limits, write "RURAL")

(d) Street No. 7 Miles NW Chillicothe, Mo.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Iva May Walker

3. (b) If veteran, name war No 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Albert Walker 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased May 11 1879
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

64 6 6 hr. _____ min.

9. Birthplace Livingston County, Missouri.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Israel Hoge

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

14. Maiden name Mary Ellen Gore

15. Birthplace Livingston County, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Arnold Stevens

(b) Address Route #2 Sampsel, Missouri.

17. (a) Burial (b) Date thereof 11-20-'43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olive Cemetery

18. (a) Signature of funeral director F. B. Norman Co.

(b) Address Chillicothe, Missouri.

19. (a) Nov 20 (b) Lou Ella Curry
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 17th.
year 1943 hour 5 minute 45 P.M.

21. I hereby certify that I attended the deceased from July 1
1943 to Nov 17 1943
that I last saw her alive on Nov 10 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Heart decomposition Duration 1 yr

Due to hypertension ?

Due to chronic myocarditis ?

Other conditions 924
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations _____
Of autopsy _____

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 D. Brennan (M. D. or other) _____

Address Chillicothe, Mo Date signed 11/19/43

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.....

..... E. R. Norman, Registered Apprentice No.....
working under my personal supervision.

Signed..... ER Norman

Licensed Embalmer No. 2374.....

P. O. Address Chillicothe, 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.