

FILED JAN 13 1943

Registration District No. 70

Primary Registration District No. 3007

1. PLACE OF DEATH:

(a) County BUTLER
(b) City or town POPLAR BLUFF
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
BRANDON HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 DAYS
(Specify whether
In this community 34 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County BUTLER
(c) City or town POPLAR BLUFF-RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. MI EAST POPLAR BLUFF
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ALICE 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 JMARI WALKER 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased MAY 28 - 1867
(Month) (Day) (Year)

8. AGE: Years 76 Months 6 Days 25 If less than one day _____ hr. _____ min.

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

10. Usual occupation HOUSEWIFE

11. Industry or business _____

MOTHER FATHER { 12. Name UNKNOWN
13. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)
14. Maiden name "
15. Birthplace "
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Ray Perkins
(b) Address Poplar Bluff Mo
17. (a) BURIAL (b) Date thereof DEC 27 1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation CITY CEMETERY
18. (a) Signature of funeral director J. D. Phelps
(b) Address Poplar Bluff Mo
19. (a) 12-28-43 (b) Welle Turner
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 23
year 1943 hour 8 minute 50 A.M.

21. I hereby certify that I attended the deceased from December 14 1942 to December 23 1943
that I last saw her alive on December 22 1943
and that death occurred on the date and hour stated above.

Immediate cause of death ANGINA PECTORIS Duration 3 YRS.
Due to CHRONIC MYOCARDITIS 6 YRS.

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

Major findings: Of operations _____

Of autopsy _____

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 exact place) (e) Means of injury _____

23. Signature Welle Turner (M. D. certifier)
Address Poplar Bluff, Mo. Date signed 12-28-43

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

RECEIVED

District Health Office No. 2

District File Number 14-92

Date Filed 1-10-44

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 N. D. Phelps

Licensed Embalmer No. 3231

P. O. Address Poplar Bluff 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.