

FILED MAY 9 1944

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 348

1. PLACE OF DEATH:

(a) County Greene

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

(c) Name of hospital or institution:  
924 N. Main  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 years  
(Specify whether years, months or days)

In this community 25 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

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

(d) Street No. 924 N. Main  
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Serena R. Walker

3. (b) If veteran, name war Unknown

3. (c) Social Security No. Unknown

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 19th  
year 1944 hour 1:00 minute A. M.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Francis M. Walker

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

7. Birth date of deceased September 5, 1859  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 3-25-44  
1940 to 4-9-44  
that I last saw her alive on 4-9-44, 1944  
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>84</u>	<u>7</u>	<u>14</u>	hr. min.

Immediate cause of death Dr. myocarditis

Duration 3 mos

Due to 93d

Due to

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

Other conditions Old age (debility)  
(Include pregnancy within 3 months of death)

10. Usual occupation Housewife

11. Industry or business In Home

PHYSICIAN

Major findings:  
Of operations

Of autopsy

Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name Unk.

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

14. Maiden name Unk.

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

16. (a) Informant Mr. Paul V. Walker

(b) Address Springfield, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 21, 1944  
(Month) (Day) (Year)

(c) Place: burial or cremation Hazelwood Cemetery

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? .....

(d) Did injury occur in or about home, on farm, in industrial place, in public place? .....

(Specify type of place) (e) Means of injury

23. Signature Mary Jean Oberster (M. D. or other) 0

Address 318 St. Louis St. Date signed 4-20-44  
Spfld., Mo.

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home

(b) Address Springfield, Missouri

19. (a) 4-21-44 (Date received local registrar) (b) Dr. W. H. Haeckler (Registrar's signature)

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

39  
2  
6

984

W

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**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

*Keith Collier*

Licensed Embalmer No. *3632*

P. O. Address

*Springfield 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.**

*X*