

Registration District No. 59

Primary Registration District No. 5228

Registrar's No. 79

1. PLACE OF DEATH:

(a) County Cass
(b) City or town Pleasant Hill (Rural)
(c) Name of hospital or institution: Pleasant Hill
(If not in hospital or institution, write street number or location) Surf
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cass
(c) City or town Pleasant Hill (Rural)
(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 _____

3. (a) PRINT FULL NAME Janeice Fay Walker

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

4. Sex Fe 5. Color or race Wh 6. (a) Single, widowed, married, divorced Child

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Aug-26-1938
(Month) (Day) (Year)

8. AGE: Years 5 Months 8 Days 13 If less than one day _____ hr. _____ min.

9. Birthplace Pleasant Hill, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Child

11. Industry or business _____

12. Name Mr Jesse Walker

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

14. Maiden name Maude J. Henry

15. Birthplace Pleasant Hill, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Wm Jesse Walker
(b) Address Pleasant Hill, Mo.

17. (a) Burial (b) Date thereof 5/17/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Hill, Mo.

18. (a) Signature of funeral director P. P. Pappas
(b) Address Pleasant Hill, Mo.
19. (a) May 17, 1944 (b) Margaret Valle
(Date registered certificate) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9
year 1944 hour 3 minute P. M.

21. I hereby certify that I attended the deceased from Feb., 1944, to May 9, 1944
that I last saw her alive on May 9, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Symphotic Leukemia

Due to _____

Due to _____

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

Major findings: Of operations _____ Of autopsy _____

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? W (Specify type of place) (e) Means of injury _____
23. Signature J. Murray Hill (M. D. or other) _____
Address Pleasant Hill, Mo. Date signed 5/17/44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

1047

JUL 29 1948

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 *D. D. Nozlinger*

Licensed Embalmer No. *3938*

P. O. Address *Pleasant Hope*

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.