

Registration District No. JUL 7 1944

Primary Registration District No. 2000

Registrar's No. 523

1. PLACE OF DEATH:

(a) County Greene  
(b) City or town Springfield, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Springfield Baptist Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 14 weeks  
(Specify whether years, months or days) 0

3. (a) PRINT FULL NAME Mollie A. Walker

3. (b) If veteran, name war none 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 George W. Walker 6. (c) Age of husband or wife if alive 62 years  
7. Birth date of deceased August 15 1886  
(Month) (Day) (Year)

8. AGE: Years 57 Months 10 Days 5 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business Keeping house at home

12. Name Dr. W. Thomas

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

14. Maiden name Jennie Barnes

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

16. (a) Informant George W. Walker

(b) Address Willard Mo

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

(c) Place: burial or cremation Wesley Chapel Cemetery

18. (a) Signature of funeral director Gene A. Barr

(b) Address Wesley Grove Mo

19. (a) 6/20/1944 (b) Dr. W. H. Hardley  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39  
(c) City or town Willard, Missouri 10  
(If outside city or town limits, write "RURAL")  
(d) Street No. (If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 20  
year 1944 hour 8 minute 30 a.m.

21. I hereby certify that I attended the deceased from March 17, 1944, to March 20, 1944  
that I last saw her alive on June 19, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Pericarditis (with effusion) Duration 3 1/2 mo

Due to Infection  
Due to 90%

Other conditions Auricular fibrillation  
(Include pregnancy within 3 months of death)  
Emboli to brain

Major findings: 8 legs leg.  
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 type of place) (e) Means of injury  
23. Signature Ray Callaway M. D. or other  
Address Springfield Mo Date signed 6/20/44

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

MOTHER FATHER

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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.....

*J. W. Birch*

Licensed Embalmer No.....

*3856*

P. O. Address.....

*Ash Grove*

**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*