

FILED SEP 13 1944

Registration District No. 134

Primary Registration District No. 3023

Registrar's No. 134

12
1
2
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County HENRY

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

(c) Name of hospital or institution:
904 W. CLINTON ST.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution NONE
(Specify whether years, months or days)

In this community 25 YRS

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County Henry 42

(c) City or town CLINTON
(If outside city or town limits, write "RURAL") 2

(d) Street No. 304 W. CLINTON ST.
(If rural, give location)

(e) Citizen of foreign country? NO. (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME OPAL R. WALDEN

3. (b) If veteran, name war NONE

3. (c) Social Security No. 494-14-6797

4. Sex F 5. Color or race W

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

6. (b) Name of husband or wife JOHNIE WALDEN

6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased NOV 1907
(Month) (Day) (Year)

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

36 9 9 hr. min.

9. Birthplace PHENIX MOU
(City, town, or county) (State or foreign country)

10. Usual occupation Manufacturer

11. Industry or business Entry Emp. pauly House

12. Name WILLIAM MEYERS

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

14. Maiden name NELLIE SANDERS

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

16. (a) Informant Johnnie Walden

(b) Address Clinton Mo.

17. (a) Burial (b) Date thereof 8-14-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Englewood Cem

18. (a) Signature of funeral director J. A. Vassant

(b) Address Clinton Mo

19. (a) August 14 1944 Georgia Kitchen
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 12 year 1944 hour 6:30 minute 0 P.M.

21. I hereby certify that I attended the deceased from Post 3:04 July 1944 to 8-12 1944

that I last saw her alive on 8-12 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Terminal Exhaustion

Due to Cancer of Cervix

Radium treatment at Missouri Cancer Hospital

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy None

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) (c) Means of injury

23. Signature Ed. C. Deles Address Clinton Mo Date signed 8/14/44

NOV 24 1944

RECEIVED
DISTRICT OFFICE No. 72
8-44-1044
9-11-44

Dist. No.
Date Filed
DEC 30 1957

JUL 1 1947

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 W. A. Varsant

Licensed Embalmer No. 3779

P. O. Address Clinton

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.