

S. No. 2
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ev. 5-17-39
X32873

30961

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED SEP 22 1944

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 716

1. PLACE OF DEATH: Home

(a) County Springfield

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

(c) Name of hospital or institution: 1403 N. CLAY AVE.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether

In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Greene 29

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

(d) Street No. 1403 (If rural, give location) N. Clay Ave 6

(e) Citizen of foreign country? no (Yes or No)

If yes, name country..... 0

3. (a) PRINT FULL NAME EVA WALTER

3. (b) If veteran, name war NONE 3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month sep. day 4 year 1944 hour 10 minute 10 A. M.

21. I hereby certify that I attended the deceased from August 28th 1944 to Sept 4 1944 that I last saw her alive on 10:10 AM Sept 4 1944 and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife CHARLES WALTER 6. (c) Age of husband or wife if alive UNK. years

7. Birth date of deceased: Oct 8, 1885
(Month) (Day) (Year)

Immediate cause of death: Coronary thrombosis Duration 6 days

8. AGE: Years 58 Months 10 Days 26 If less than one day
hr. min.

Due to Valvular Cardiac lesion yes

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

Due to

10. Usual occupation House wife

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business at Home

Major findings: Of operations

12. Name Salem Pratt

Of autopsy

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

14. Maiden name Wilkens

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

16. (a) Informant Charles Walter
(b) Address 1403 N. Clay Springfield, Mo.

17. (a) Burial (b) Date of death Sep 5-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn Cem.

18. (a) Signature of funeral director W. Kingner Co
(b) Address Springfield, Mo.

19. (a) 9-51-44 (b) W. Handley
(Date received local registrar) (Registrar's signature)

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 W. D. Jewin (M.D. or other) DO
Address Springfield Mo Date signed 9/4/44

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

139
2
6

MOTHER FATHER

PHYSICIAN
Underline the cause to which death should be charged statistically.

984

(Licensed Embalmer's Statement on Reverse Side)

W

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.....

May Rhodes

Licensed Embalmer No.....

4071
Springfield

P. O. Address.....

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.