

S. No. 2
M-8-43
5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33927
State File No. _____

FILED NOV 8 1944

Registration District No. 27 Primary Registration District No. 5183 Registrar's No. 27

1. PLACE OF DEATH:
(a) County Cape Girardeau
(b) City or town Jackson Rural Shawnee Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 4 1/2 of wife
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Cape Girardeau
(c) City or town Jackson Ri. Rural TC
(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 _____

3. (a) PRINT FULL NAME Eva H. Walker
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct day 20th
year 1944 hour 9 minute 10 P. M.
21. I hereby certify that I attended the deceased from July 2, 1944 to Oct 26th, 1944
that I last saw her alive on Oct 12, 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 Manning Walker
6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased July 15 1882
(Month) (Day) (Year)

Immediate cause of death
Carcinoma of Colon
Duration 6 mo

8. AGE: Years 62 Months 3 Days 5 If less than one day
hr. _____ min.

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

9. Birthplace Cape Co Mo
(City, town, or county) (State or foreign country)
10. Usual occupation House wife

PHYSICIAN
Major findings:
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____
12. Name Sikas Sides
13. Birthplace Cape Co Mo
(City, town, or county) (State or foreign country)
14. Maiden name Emma Kelly
15. Birthplace Cape Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Jewel Taben
(b) Address 2567 Benton St Reus, Mo
17. (a) Burial (b) Date thereof Oct 22 44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Apple Creek Cape Co Mo

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? _____

18. (a) Signature of funeral director Displinghoff Hubbard
(b) Address Chaffee, Mo
19. (a) 10-21-1944 (b) Honey R. _____
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature P. P. Schorn (M. D. or other) M.D.
Address Jackson Mo Date signed Oct 21, 44

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

MOTHER FATHER

1328

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 1144-4480

Date Filed 11-4-44

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

Mamie Dreylinghoff

Licensed Embalmer No. 3242

P. O. Address Chaffee 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.