

FILED NOV 24 1944

Registration District No. 220

Primary Registration District No. 6886

Registrar's No. 3

1. PLACE OF DEATH: Ozark

(a) County: Rural - Jackson

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

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 60 yrs. (Specify whether years, months or days)

In this community:

3. (a) PRINT FULL NAME: Mary Jane Walker

3. (b) If veteran, name war:

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: Thomas Walker

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

7. Birth date of deceased: February 2 1866 (Month) (Day) (Year)

8. AGE: Years 78 Months 7 Days 1 If less than one day hr. min.

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

10. Usual occupation: Housewife own home

11. Industry or business:

12. Name: John Vaughn

13. Birthplace: North Carolina (City, town, or county) (State or foreign country)

14. Maiden name: Permelia Ritter

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

16. (a) Informant: B. J. Walker

(b) Address: Brixey Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9-5-44 (Month) (Day) (Year)

(c) Place: burial or cremation: Souder cemetery

18. (a) Signature of funeral director: Clinkingbeard Fun. H. me

(b) Address: Gainesville Missouri

19. (a) Date received local registrar: Oct. 30 1944 (Date received local registrar)

(b) Signature: (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Ozark 77

(c) City or town: Brixey - rural (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:

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 4 year 1944 hour 3 minute 30 A. M.

21. I hereby certify that I attended the deceased from 1943 to Sept 4 1944 and that death occurred on the date and hour stated above. er alive on about July 15 1944

Immediate cause of death: Cerebral apoplexy Duration

Due to: Hypertension 2 yrs

Due to:

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

Major findings: Of operations: f30

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?

23. Signature: P. A. Beach M. D. (Specify type of place) (e) Means of injury

Address: Brixey Mo Date signed: 9-8-44

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

MOTHER, FATHER

999

RECEIVED
District Health Officer No. 6,
District File Number 1144-1199
Date Filed NOV 20 1944

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.B. Hutchison

Licensed Embalmer No. 3431

P. O. Address Garnesville 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.