S. No. 2
0M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 9246

Registration District No. FILED MAR 28 1945

Primary Registration District No. 3007

Registrar's No. 74

1. PLACE OF DEATH:

(a) County Butler

(b) City or town Poplar Bluff, Mo.
(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 ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler

(c) City or town Poplar Bluff Mo. 10
(If outside city or town limits, write "RURAL")

(d) Street No. S. 11th St. 10. 7
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Mittie Walker

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Female

5. Color or race White

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

6. (b) Name of husband or wife W.B. Walker

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased Sept (Month) 12 (Day) 1878 (Year)

8. AGE: Years	Months	Days	If less than one day
66	5	24	hr. min.

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

10. Usual occupation House wife

11. Industry or business .....

FATHER
12. Name James Sneed
13. Birthplace ..... (City, town, or county) Tennessee (State or foreign country)

MOTHER
14. Maiden name Mary Frances Stephens
15. Birthplace ..... (City, town, or county) Unknown (State or foreign country)

16. (a) Informant May Spelts

(b) Address Poplar Bluff Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-10-45 (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Cem

18. (a) Signature of funeral director W. H. Luby

(b) Address Corning, Ark.

19. (a) 3-8-45 (Date received local registrar) (b) Belle Kinne (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 6 year 1945 hour 3 minute 43 P.M.

21. I hereby certify that I attended the deceased from 3-5-45 3-5, 1945, to 3-6, 1945 that I last saw her alive on 3-6, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Asphyxiation

Due to Cardiac Failure

Due to Diabetic Coma due to Diabetic ~~[illegible]~~ Coma

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

Major findings:
Of operations .....

Of autopsy .....

Duration

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? .....
(Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature A. D. Markel M.D. (M. D. or other)

Address Poplar Bluff Mo. Date signed 3-6-45

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No.
District File Number 345-47
Date Filed 3/23/

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 Wilson Johnson

Licensed Embalmer No. 686-4271

P. O. Address Conway, Ark.

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.