

S. No. 2  
M-8-43  
5-17-39  
P-1 X37823

Dr. Walker  
9781  
State File No.  
Registrar's No. 60

DEPARTMENT OF COMMERCE  
OFFICE OF THE REGISTRAR  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED APR 10 1945

Registration District No. 137 Primary Registration District No. 4215

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

1. PLACE OF DEATH:  
(a) County Henry  
(b) City or town Brownington  
(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 55 yrs.  
In this community 55 yrs.  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Henry  
(c) City or town Brownington Mo.  
(d) Street No.  
(e) Citizen of foreign country? No  
If yes, name country

3. (a) PRINT FULL NAME MARY ALICE RITTER  
(b) If veteran, name war  
(c) Social Security No.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 3 day 10  
year 1945 hour 12 minute 50 P. M.  
21. I hereby certify that I attended the deceased from 2-24  
1945 to 3-10 1945

4. Sex Female  
5. Color or race white  
6. (a) Single, widowed, married, divorced, widowed  
(b) Name of husband or wife  
(c) Age of husband or wife if alive years  
7. Birth date of deceased 11 18 1873  
(Month) (Day) (Year)

that I last saw him alive on 3-9 1945  
and that death occurred on the date and hour stated above.  
Immediate cause of death  
Drops, throat & pneumonia  
Duration 5 da

8. AGE: Years 71 Months 3 Days 22  
If less than one day hr. min.

Due to  
Due to

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

10. Usual occupation Housewife

Other conditions  
Major findings:  
Of operations  
Of autopsy 10911

11. Industry or business  
12. Name George Walker  
13. Birthplace unknown  
14. Maiden name Frankie Decker  
15. Birthplace unknown

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

16. (a) Informant Geo. A. Ritter  
(b) Address Brownington Mo.  
17. (a) Burial (b) Date thereof 3-12-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

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?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(c) Place: burial or cremation Brownington Cemetery  
18. (a) Signature of funeral director Fred Wickinson  
(b) Address Clinton Mo.  
19. (a) March 12 1945 (b) Myrtle Browlee  
(Date received local registrar) (Registrar's signature)

While at work? (Specify type of place) (e) Means of injury  
23. Signature Ed Walker (M. D. or other) M.D.  
Address Clinton Mo. Date signed 3-9-45

RECEIVED

District File No. 3-43-270  
District File No. 4-9-48  
Date Filed

Officer No. 71

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 Fred W. Peterson

Licensed Embalmer No. 2478

P. O. Address Christy Rd

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.