

S. No. 2
M-5-43
5-17-39
P I X36871

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16806

State File No. _____

FILED MAY 18 1945
Registration District No. 109

Primary Registration District No. 4180

Registrar's No. 12

1. PLACE OF DEATH:

(a) County Dunklin

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

(c) Name of hospital or institution: Home
(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 Dunklin

(c) City or town Campbell 33
(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 Moyanda Agnes Walker

(b) If veteran, name war _____

(c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 19
year 1945 hour _____ minute 10:15 P.M.

21. I hereby certify that I attended the deceased from _____ 19____ to April 19, 1945;

that I last saw h_____ alive on _____ 19____;

and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race W

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

6. (b) Name of husband or wife Wm Henry Walker

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

7. Birth date of deceased December 21 1862
(Month) (Day) (Year)

Immediate cause of death Cardiac Failure

Due to Hypertension

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

8. AGE: Years 82 Months 3 Days 29 If less than one day _____ hr. _____ min.

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

10. Usual occupation Home

11. Industry or business _____

12. Name John Anselm Moore

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

14. Maiden name Katherine Elizabeth Ruppel

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

16. (a) Informant Mrs. Dora Smiler

(b) Address Campbell Missouri

17. (a) Burial (b) Date thereof 4-22-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn

18. (a) Signature of general director Lander Funeral Home

(b) Address Campbell Missouri

19. (a) 4-20-1945 (b) Mrs. L.P. Oliver
(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)

(c) Means of injury _____

23. Signature Dr. B. L. Franklin (M. D. or other) Dr.

Address Campbell, Mo. Date signed 4/20/45

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

55
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RECEIVED

District Health Office No. 2

District File Number

545-751

Date Filed

5-15-48

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

Christina M. Landess

Licensed Embalmer No.

4227

P. O. Address

Campbell, Md

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.