S. No. 2
M—8-43
. 5-17-39
I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33702

FILED NOV 13 1945

Registration District No. 114

Primary Registration District No. 5432

Registrar's No. 37

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

36 0 0

1. PLACE OF DEATH:
(a) County Franklin County
(b) City or town Sullivan Rout 2 Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Miller Home for aged People 5
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution year 6 moths
In this community year 6 moths
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Franklin 31
(c) City or town Sullivan 10 4
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Nacy Ann Walton

3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex F 1
5. Color or race W
6. (a) ~~Single~~ widowed, ~~married~~, ~~divorced~~ 2

6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ~~1886~~ years

7. Birth date of deceased July ~~Decembe~~ (Month) ~~24~~ (Day) ~~1862~~ 1862 (Year)

8. AGE:	Years	Months	Days	If less than one day
	79	3	25	hr. min.

9. Birthplace Ohio (City, town, or county) 1 (State or foreign country)
10. Usual occupation House wife
11. Industry or business

FATHER
12. Name Dont Know
13. Birthplace Dont Know (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name ~~Dont Know~~
15. Birthplace — — — (City, town, or county) 4 (State or foreign country)

16. (a) Informant Elizabeth Gilmore
(b) Address 3223 Caroline St St Louis Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10-28-45 (Month) (Day) (Year)
(c) Place: burial or cremation Walker Cemetery

18. (a) Signature of funeral director R F Jones & Son
(b) Address Steelville Mo

19. (a) 10-26-45 (Date received local registrar) (b) O A Frazier M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day ~~26~~ ~~oct~~ 26 year 1945 hour 5 am minute M.

21. I hereby certify that I attended the deceased from Oct 2 1945 to Oct 26 1945; that I last saw her alive on Oct 2 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis and [illegible] — Duration

Due to

Due to

Other conditions Senility Hypertension 8 acs
(Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

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 0

23. Signature O A Frazier (M. D. or other)
Address Sullivan - Mo Date signed 10/26/45

1447

(Licensed Embalmer's Statement on Reverse Side)

Dr P.A. PROCTOR

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 11-2-45

NOV 8 19

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 Harry M. Jones Embalmed, Registered Apprentice No. , working under my personal supervision.

Signed Harry M. Jones

Licensed Embalmer No. 2628

P. O. Address Steelville 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.