DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 2830

FILED JAN 25 1946

Registration District No. 134 Primary Registration District No. 5492 Registrar's No.

1. PLACE OF DEATH:
(a) County HARRISON
(b) City or town RURAL COLFAX TWSP.
(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 (Specify whether years, months or days)
In this community PASSING THROUGH

2. USUAL RESIDENCE OF DECEASED:
(a) State PENNSYLVANIA (b) County 999
(c) City or town PHILADELPHIA 31
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 2
If yes, name country

3. (a) PRINT FULL NAME EVELYN WALTERS
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F 1
5. Color or race W
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband ~~or wife~~ WM J.
6. (c) Age of husband or wife if alive 19 years
7. Birth date of deceased (Month) (Day) 1926 (Year)

8. AGE: Years 19 Months Days If less than one day hr. min.

9. Birthplace (City, town, or county) (State or foreign country) G
10. Usual occupation
11. Industry or business Housewife
MOTHER FATHER
12. Name ROLAN CUNNINGHAM
13. Birthplace DO NOT KNOW (City, town, or county) (State or foreign country)
14. Maiden name DO NOT KNOW
15. Birthplace DO NOT KNOW (City, town, or county) (State or foreign country)
16. (a) Informant Wm J. Walters
(b) Address Philadelphia, Pa.
17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof 1-11-46 (Month) (Day) (Year)
(c) Place: burial or cremation NEW JERSEY
18. (a) Signature of funeral director S. M. Haas
(b) Address Bethany, Mo.
19. (a) Jan-11-46 (Date received local registrar) (b) S. Pha Shaw (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 9 year 1946 hour about minute 2.30 P.M.
21. I hereby certify that I attended the deceased from 1, 19, to, 19; that I last saw h alive on, 19; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Car Accident
Car & Truck
Due to Colliding on Highway 69 — 69
3 miles North of Eaglevile Mo
Due to Neck Broken
Other conditions (Include pregnancy within 3 months of death) Left arm Broken

Major findings:
Of operations
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) accidental
(b) Date of occurrence Jan 9 1946
(c) Where did injury occur? (City or town) (County) (State) 41
(d) Did injury occur in or about home, on farm, in industrial place, in public place? On Highway #69 3 miles North Eaglevile Mo (Specify type of place)
While at work? (e) Means of injury
23. Signature Joe E. Wheeler Coroner (M. D. or other)
Address Bethany Mo Date signed 1-10-46

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(Licensed Embalmer's Statement on Reverse Side)

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

JAN 25 1946

DEC 4 1958

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 Thornton H. Haas

Licensed Embalmer No. 2861

P. O. Address Bethany, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

No. 2B
—3-45
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STANDARD CERTIFICATE OF DEATH

State File No. Zeb

Registration District No. 134 Primary Registration District No. 5492 Registrar's No.

1. PLACE OF DEATH

(a) County Harrison

(b) City or town Rural Colfax Twp
(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 (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Evelyn Walters

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased (Month) (Day) (Year)

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

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

10. Usual occupation

11. Industry or business housewife

MOTHER FATHER

12. Name

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

14. Maiden name

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) S. Pha Shaw (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. 9 year 1946 hour minute M.

21. I hereby certify that I attended the deceased from , 19 to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature (M. D. or other)
Address Date signed

SUPPLEMENTARY

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

2830