

STANDARD CERTIFICATE OF DEATH

State File No. 8803

Registration District No. 01

Primary Registration District No. 4107

Registrar's No. 8

1. PLACE OF DEATH:

(a) County Cedar
(b) City or town El Dorado Springs
(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 30 years (Specify whether years, months or days)

In this community 30 years (years, months or days)

3. (a) PRINT FULL NAME LOUISA WALKS

3. (b) If veteran, name war: No. 3. (c) Social Security No.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, widowed 2

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

7. Birth date of deceased February 17th 1858 (Month) (Day) (Year)

8. AGE: Years 88 Months 12 Days If less than one day hr. min.

9. Birthplace Near Washburn - Barry Co. Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business

12. Name Samuel R. Ritchey

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

14. Maiden name Mary Jane Daugherty

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

16. (a) Informant Roscoe Thalls

(b) Address El Dorado Spgs. Mo.

17. (a) Burial (b) Date thereof 3-2-46 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Appleton City, Mo.

18. (a) Signature of funeral director G. W. Lee

(b) Address Appleton City, Mo.

19. (a) 3/2/46 (b) J. C. Dunbar (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cedar 20
(c) City or town El Dorado Springs Mo. (If outside city or town limits, write "RURAL")
(d) Street No. 108 Highmore St. (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country:

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 1st year 1946 hour 11 minute A M.

21. I hereby certify that I attended the deceased from Feb 15, 1946, to Mar 1, 1946.

that I last saw her alive on Feb 28, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial pneumonia

Duration

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?

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

23. Signature J. C. Dunbar (M. D. or other) DO. Address El Dorado Spgs. Date signed 3-1-46

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

RECEIVED

District Health Officer No. 71

District No. 9-46-362

Date Filed 4-11-46

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~~ _____

15th day of March 1946, Registered Apprentice No. _____
working under my personal supervision.

Signed _____

522-8

Licensed Embalmer No. 1099

P. O. Address Appleton City 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.