No. 2
—5-43
5-17-39
1—X36671

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

Phipps

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 14 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 14025

Registration District No. 268 Primary Registration District No. 5-906-4396 Registrar's No. 23

1. PLACE OF DEATH:
(a) County Pemiscot
(b) City or town Wardell
(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
In this community About 25 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pemiscot 78
(c) City or town Wardell 0
(If outside city or town limits, write "RURAL")
(d) Street No. No Street Address 0
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mary Susan Walker

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex Female /

5. Color or race White

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

6. (b) Name of husband or wife Joseph E. Walker

6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased Sept. (Month) 18, (Day) 1869 (Year)

8. AGE: Years 76 Months 7 Days 12 If less than one day hr. min.

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

10. Usual occupation House-wife

11. Industry or business

MOTHER FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Harold Walker /
(b) Address Caruthersville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/3/46 (Month) (Day) (Year)
(c) Place: burial or cremation Wardell Cemetery

18. (a) Signature of funeral director H. L. Smith Funeral Home
(b) Address Caruthersville, Mo.

19. (a) 5-4-46 (Date received local registrar) (b) Mrs. N. A. Thomas (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30th, year 1946 hour 4 minute 30 P. M.

21. I hereby certify that I attended the deceased from Oct. 29, 1945 19 ~~46~~ to April 30 1946 19 ; that I last saw her alive on April 27, 1946 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary sclerosis — Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 94
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 0

23. Signature G. W. Phipps (M. D. or other)
Address Caruthersville, Mo. Date signed 5/4/46

246 (Licensed Embalmer's Statement on Reverse Side)

4-46-106

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 Lill Ford, Registered Apprentice No. 386, working under my personal supervision.

Signed James A. Osburn

Licensed Embalmer No. 4185

P. O. Address Carrollville, 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.