

8-43
5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

109 15927
State File No.
Registrar's No. 178

FILED JUN 10 1946

Registration District No. 47 Primary Registration District No. 3008

1. PLACE OF DEATH:
(a) County Columbia
(b) City or town Fulton
(c) Name of hospital or institution State Hosp no 2
(d) Length of stay: In hospital or institution 7 days
In this community 7 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Boone 14
(c) City or town Columbia
(d) Street No. 1505 Windsor
(e) Citizen of foreign country? 0

3. (a) PRINT FULL NAME MRS. FRANK L. WALKER
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 3 year 1946 hour 4 minute 40P M.
21. I hereby certify that I attended the deceased from April 28 1946 to May 3 1946 that I last saw her alive on May 3 1946 and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W
6. (a) Single, widowed, married, divorced mar 1
6. (b) Name of husband or wife Frank Walker
6. (c) Age of husband or wife if alive 23 years (Day) (Year)

Immediate cause of death Lobar pneumonia (terminal) Duration 12 hrs
Due to acute myocarditis 10 days
Due to _____
Other conditions (include pregnancy within 3 months of death) _____

8. AGE: Years 50 Months _____ Days 10 If less than one day hr. _____ min. _____

PHYSICIAN
Major findings: Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Deceased
13. Birthplace _____
14. Maiden name Deceased
15. Birthplace _____

16. (a) Informant Records

(b) Address 1505 Windsor St. Columbia Mo

17. (a) Funeral (b) Date thereof 5-6-46

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director J. P. Mellett

(b) Address Columbia Mo

19. (a) 3-1946 (b) Jessie M. ...

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? _____
(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 0
Signature Joseph ... (M. D. or other) H. J.
Address Fulton Date signed 5/3/46

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

14013

RECEIVED
District Health Officer No. 9,
District File Number _____
Date Filed 6-8-46

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, ~~only~~.....
....., Registered Apprentice No.
working under my personal supervision.

Signed Lymon H. Sprinkle

Licensed Embalmer No. 4013

P. O. Address Columbia

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.

Registration District No. 47 Primary Registration District No. 3008

1. PLACE OF DEATH:
(a) County Callaway
(b) City or town July
(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 _____)

In this community _____ years, months or days
3. (a) PRINT FULL NAME Juanita Walker
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 _____
7. Birth date of deceased April 23 1913
(Month) (Day) (Year)

8. AGE: Years 50 Months _____ Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

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) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 5-3-1946 (b) Joie M. ...
(Date received local registrar) (Registrar's signature)

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 _____

20. DATE OF DEATH: Month April Day 3
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.
Immediate cause of death _____

Due to _____
Due to _____

Other conditions _____ (Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy _____

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 _____

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

SUPPLEMENTARY

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

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