V. S. No. 2
00M—5-43
Rev. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23000

FILED AUG 14 1946

Registration District No. 57 Primary Registration District No. 4099 Registrar's No. 117

19
20
0

21857

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

1. PLACE OF DEATH:

(a) County Cass

(b) City or town Pleasant Hill, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 127 N. Taylor St. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cass 19

(c) City or town Pleasant Hill - Mo 2
(If outside city or town limits, write "RURAL")

(d) Street No. 117 N. Taylor 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME NORA WALKER

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

4. Sex Female 1 5. Color or race White 6. (a) ~~XXXX~~, widowed, ~~XXXXX~~ ~~XXXXX~~ 2

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

7. Birth date of deceased July (Month) 14 (Day) 1873 (Year)

8. AGE: Years 73 Months 0 Days 17 If less than one day ..... hr. ..... min.

9. Birthplace Morgan County Indiana 1
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business .....

FATHER
12. Name Joel Mendenhall
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary X
15. Birthplace 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Elizabeth Schultz
(b) Address 127 N. Taylor Pleasant Hill MO

17. (a) Pleasant Hill (b) Date thereof August 2, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Pleasant Hill Cemetery

18. (a) Signature of funeral director Allen Brumfer
(b) Address Pleasant Hill - Mo

19. (a) Aug. 10 - 1946 (b) Laura J. Jones
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31
year 1946 hour about 11 a.m. 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 Hanging
She had been in poor
health and was suicide

Due to .....

Due to .....

Other conditions .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

Duration

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

16 40

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) suicide

(b) Date of occurrence July 31/46

(c) Where did injury occur? Pleasant Hill Cass Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
At her home in Cass Road
(Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature E M Griffith (M.D. ~~or other~~)

Address Harrisonville Mo Date signed Aug 1/46

51 (Licensed Embalmer's Statement on Reverse Side) Coroner Cass Co

JAN 13 1948

JUL 7 1948

OCT 9 1946

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.....

By me - 7-31-46, Registered Apprentice No.....,

working under my personal supervision.

Signed Allen Brownfield

Licensed Embalmer No. 3985

P. O. Address Pleasant Hill, M

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:**