

No. 2
8-43
5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36815
Registrar's No. 45

FILED DEC 16 1946

Registration District No. _____

Primary Registration District No. 4228

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

1. PLACE OF DEATH:

(a) County Howard

(b) City or town Glasgow
(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 37 years.
years, months or days

3. (a) PRINT FULL NAME Mary Ellen Walker

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

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

6. (b) Name of husband or wife Albert W. Walker 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 12 1859
(Month) (Day) (Year)

8. AGE: Years 87 Months 7 Days 19 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name John F. Parson

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

14. Maiden name Lucy J. Edwards

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

16. (a) Informant Mrs. R. C. Akers

(b) Address Hannibal, Missouri

17. (a) Burial (b) Date thereof Nov. 2, 1946
(Burial, cremation, or removal) (Month), (Day) (Year)

(c) Place: burial or cremation Washington County, Missouri

18. (a) Signature of funeral director Joe King

(b) Address Glasgow, Mo.

19. (a) 10-31-46 (b) Joe King
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howard 45

(c) City or town Glasgow 2
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) 0

(e) Citizen of foreign country? No. (Yes or No) 0

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 31
year 1946 hour 12 minute 20 P.M.

21. I hereby certify that I attended the deceased from Oct 21 1946 to Oct 31 1946
that I last saw her alive on Oct 30 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Duration 1 day

Due to _____

Due to _____

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

Major findings: Of operations none Of autopsy 127A

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) (a) Means of injury 0

23. Signature W. B. Kitchener (M. D. or other) _____
Address Glasgow Date signed 10-31-46

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 12-14-46

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 _____

_____, Registered Apprentice No. _____,
working under my personal supervision.

Signed Ed W. Trueman

Licensed Embalmer No. 3978

P. O. Address Glasgow, 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.