

FILED DEC 30 1946

Registration District No. 50

Primary Registration District No. 5179

Registrar's No. 54

1. PLACE OF DEATH:

(a) County Candeur
(b) City or town Candeur Rural mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Home Star Route 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 Candeur
(c) City or town Candeur
(If outside city or town limits, write "RURAL")
(d) Street No. Star Route #1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Lucy Jane Walters

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female

5. Color or race whk

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

6. (b) Name of husband or wife Marion Walters

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

7. Birth date of deceased Dec 21 1862
(Month) (Day) (Year)

8. AGE: Years 83 Months 11 Days 14 If less than one day _____ hr. _____ min.

9. Birthplace Brimley-Miller Co Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Laundress

11. Industry of business Ind. Public Laundries

12. Name Dave Cooper

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

14. Maiden name Sarah Stewart

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

16. (a) Informant Bill Regg

(b) Address Candeur mo. 1

17. (a) Burial (b) Date thereof Dec 7-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rosedale

18. (a) Signature of funeral director Bankson-Walsh

(b) Address Candeur mo

19. (a) Dec 10 1946 (b) Zilpha Inaw.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 5
year 1946 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from 1944 to Dec 3, 1946
and that death occurred on the date and hour stated above.
I last saw h. C. R. alive on 12-3, 1946

Immediate cause of death Mitral Insufficiency - Chronic
Duration 44

Due to _____

Due to _____

Other conditions 92 B
(Include pregnancy within 3 months of death)

Major findings: Of operations No Operation

Of autopsy No 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 0

23. Signature E. E. Lieber M. of other MD

Address Candeur mo. Date signed 12-10-46

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

38646

97-61-21
2718-97-11

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 Robt. Bankson Woolery

Licensed Embalmer No. 2488

P. O. Address Candenton, 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.