

No. 2
-12-45
-17-39
X47070

FILED DEC 24 1946

Registration District No. 155 Primary Registration District No. 4245 Registrar's No. 181

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Princeton
(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 1 (Specify whether)

In this community 46 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper **46**

(c) City or town Princeton **0**
(If outside city or town limits, write "RURAL") **0**

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

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

If yes, name country _____

3. (a) PRINT FULL NAME Mary Ellen Walker

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 10
year 1946 hour 9 minute P. M.

4. Sex Female 5. Color of race White

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

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

7. Birth date of deceased May 27 1866
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 12-5, 1946, to 12-10, 1946
that I last saw him alive on 12-10, 1946, and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>80</u>	<u>6</u>	<u>13</u>	hr. _____ min. _____

Immediate cause of death Cerebral hemorrhage

Due to cerebral hemorrhage 14 year ago

Due to high blood pressure

9. Birthplace Berriardelle Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation at home

Other conditions: _____
(Include pregnancy within 3 months of death)

MOTHER FATHER

11. Industry or business _____

12. Name Johnston

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

14. Maiden name Unknown

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

PHYSICIAN

Major findings: _____
Of operations _____

Of autopsy 83A

Underline the cause to which death should be charged statistically.

16. (a) Informant Edith Walker

(b) Address Princeton, Mo

17. (a) Burial (b) Date thereof Dec 19 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Princeton Cemetery

18. (a) Signature of funeral director W. H. ...

(b) Address ...

19. (a) DEC 12 46 (b) ...
(Date received local registrar) (Registrar's signature)

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) (Means of injury)

23. Signature My daughter (M.D. or _____)

Address Wesley City, Mo Date signed 12/10/46

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

137

46-12-1040

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.....

Harvey E. Arme....., Registered Apprentice No. 412
working under my personal supervision.

Signed Rayton M. Johnston.....

Licensed Embalmer No. 4304

P. O. Address Webb City 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.