S. No. 2
M—2-43
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X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 2 1947

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 41121

Registration District No. 169 | Primary Registration District No. 4258 | Registrar's No. 87

1. PLACE OF DEATH:

(a) County Knox

(b) City or town Edina
(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) 1

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

In this community Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Knox 52

(c) City or town Edina 1
(If outside city or town limits, write "RURAL")

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

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

If yes, name country 0

3. (a) PRINT FULL NAME Carrie Dee Walters

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 single

6. (b) Name of husband or wife

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

7. Birth date of deceased March (Month) -14 (Day) - 1886 (Year)

8. AGE: Years 62 | Months 9 | Days 30 | If less than one day hr. min.

9. Birthplace Knox City, (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Homekeeper

11. Industry or business

FATHER

12. Name John C. Walters

13. Birthplace uk (City, town, or county) Kentucky (State or foreign country) 1

MOTHER

14. Maiden name Mary Barnhill

15. Birthplace Knox County, (City, town, or county) Missouri. (State or foreign country) 0

16. (a) Informant Mrs. Belle Prosser

(b) Address Edina, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec-28-1946. (Month) (Day) (Year)

(c) Place: burial or cremation Linville.- Edina, Mo.

18. (a) Signature of funeral director Keith Hudson

(b) Address Edina, Missouri.

19. (a) 12-28-46 (Date received local registrar) (b) Nell S. Hunt (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. 24 day 23 year 1946 hour — minute — M.

21. I hereby certify that I attended the deceased from Dec. 24, 1946, to Dec. 24, 1946; that I last saw her alive on 19; and that death occurred on the date and hour stated above.

Immediate cause of death Was dead when found. Died Thursday. Heart Disease.

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.

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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature G. E. Lunan (M. D. or other)

Address Edina Mo Date signed 12-27-46

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File No. 12-46-236
Date Filed DEC 31 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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Keith Hudson

Licensed Embalmer No. 2415

P. O. Address Edina, Missouri

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.