No. 2
4-13-40
5-17-39
I X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 1 1947

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

9630

State File No. _____

Registration District No. 157 Primary Registration District No. 3028 Registrar's No. 66

1. PLACE OF DEATH:
(a) County: Jasper
(b) City or town: Carthage Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 210 East Chestnut St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: Unkown (Specify whether
In this community: 75 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jasper 49
(c) City or town: Carthage Missouri 1
(If outside city or town limits, write "RURAL")
(d) Street No.: 210 East Chestnut 3
(If rural, give location) 0
(e) If foreign born, how long in U. S. A.? No Data years.

3. (a) PRINT FULL NAME: Addie 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: Single
6. (b) Name of husband or wife: _____
6. (c) Age of husband or wife if alive: _____ years
7. Birth date of deceased: January (Month) 23 (Day) 1861 (Year)
8. AGE: Years 86 Months 1 Days 22 If less than one day _____ hr. _____ min.
9. Birthplace: Unkown (City, town, or county) (State or foreign country) 9
10. Usual occupation: Retired
11. Industry or business: _____
MOTHER FATHER
12. Name: No Data
13. Birthplace: No Data (City, town, or county) (State or foreign country) 9
14. Maiden name: No Data
15. Birthplace: No Data (City, town, or county) (State or foreign country) 9
16. (a) Informant: Neighbors
(b) Address: Carthage Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3/17-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Park Cemetery
18. (a) Signature of funeral director: Hedge-Lewis
(b) Address: Webb City Missouri
19. (a) 3-17-47 (Date received local registrar) (b) L. B. Clinton M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15 year 1947 hour 10 minute 40 A. M.
21. I hereby certify that I attended the deceased from Mar 1937, 19____, to March 15, 1947; that I last saw h. alive on March 14, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Metastatic carcinomatosis primary in left breast	10 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: 50
Of autopsy: 3

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: H E Byrd M.D. (M. D. or other)
Address: Carthage Mo Date signed 3-17-47

189 (Licensed Embalmer's Statement on Reverse Side)

47 - 2 - 235

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 Richard Gray Lewis

Licensed Embalmer No. 4405

P. O. Address Webb City Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.