

STANDARD CERTIFICATE OF DEATH

State File No. 9770

Registrar's No. 28

Registration District No. 765

Primary Registration District No. 4257

1. PLACE OF DEATH:

(a) County Johnson Co.  
(b) City or town Leeton, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Residence  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson  
(c) City or town Leeton, R.F.D.  
(If outside city or town limits, write "RURAL")  
(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 Edwena Lee Walker

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

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

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

7. Birth date of deceased July 10 - 1966  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
80 7 16 hr. min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name William L. King

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

14. Maiden name Erman L. Coleman

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

16. (a) Informant Thos. J. S. Caldwell

(b) Address Leeton, Mo.

17. (a) Burial (b) Date thereof 3-1-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mineral Creek

18. (a) Signature of funeral director R. A. Branninger

(b) Address Leeton, Mo.

19. (a) Mar. 7, 1947 (b) Mrs. Memie D. Harker  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 26th  
year 1947 hour 11:58 minute P.M. M.

21. I hereby certify that I attended the deceased from Nov 14  
1945 to Feb. 26, 1947  
that I last saw her... alive on Feb. 24, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Cerebra Dysrhythm

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

Major findings: Of operations ASR

Of 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 A. Branninger (M. D. or other)

Address W. Springfield, Mo. Date signed 3-3-47

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

148

(A. Branninger)

**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 me

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

Signed H. A. Brauning

Licensed Embalmer No. 3377

P. O. Address Lecton, 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.**