

FILED MAY 6, 1947

Registration District No. _____

Primary Registration District No. 4218

Registrar's No. 107

1. PLACE OF DEATH:

(a) County Henry

(b) City or town Windsor
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Windsor Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 days. (Specify whether years, months or days)

In this community 60 years.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lathrop

(c) City or town Keeton
(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 Menerva Jane Walters

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 25 year 1947 hour 5:00 minute P.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife John Henry Walters 6. (c) Age of husband or wife if alive Dead years

7. Birth date of deceased May 29 1858
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Apr 15 1947 to Apr 29 1947 that I last saw her alive on Apr 25 1947 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

88 10 26 hr. min.

Immediate cause of death Chronic Myocarditis
myocardial

Due to _____

Due to _____

9. Birthplace Near Beaman Town, Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

11. Industry or business _____

12. Name John Starr Scott

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

14. Maiden name Precious Scott

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

PHYSICIAN

Underline the cause to which death should be charged statistically.

1318

16. (a) Informant Goodman Walters

(b) Address Danver, Colorado

17. (a) Funeral home (b) Date thereof 4-27-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mineral Creek

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

(b) Address 47 N. Magnolia, Springfield, Mo.

19. (a) 5-3-1947 (b) R. R. Kennedy
(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) (e) Means of injury 0

23. Signature J. M. [unclear] (M. D. or other) MD
Address Veranda Date signed 5/1/47

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

2200

4747

RECEIVED
District Health Officer No. 71
4-27-529
District File Number 5-3-47
Date Filed

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 R.A. Branning

Licensed Embalmer No. 3377

P. O. Address Warrensburg, 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.