S. No. 2
M—5-43
. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 8 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13880

Registration District No. 156 Primary Registration District No. 2001 Registrar's No.

1. PLACE OF DEATH

(a) County JASPER

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

(c) Name of hospital or institution: FREEMAN HOSPITAL 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 DAY 1 HOUR (Specify whether
In this community ✓ years, months or days)

2. USUAL RESIDENCE OF DECEASED: 999

(a) State KANSAS (b) County CHEROKEE

(c) City or town GALENA 14
(If outside city or town limits, write "RURAL")

(d) Street No. 808 WOOD 0
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 2

If yes, name country

3. (a) PRINT FULL NAME SALLY MAE 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 ✓ 0

6. (b) Name of husband or wife ✓

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

7. Birth date of deceased MARCH (Month) 19 (Day) 1947 (Year)

8. AGE: Years | Months | Days 1 | If less than one day 1 hr. 15 min.

9. Birthplace JOPLIN, MO (City, town, or county) 0 (State or foreign country)

10. Usual occupation NEWBORN

11. Industry or business ✓

FATHER
12. Name RAYMOND DELMAR WALKER
13. Birthplace BELLEVUE (City, town, or county) MO. 0 (State or foreign country)

MOTHER
14. Maiden name CLELLA MAE WILKINSON
15. Birthplace BEGGS (City, town, or county) OKLA. 1 (State or foreign country)

16. (a) Informant MRS. RAYMOND WALKER

(b) Address GALENA, KANS.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3-20-47 (Month) (Day) (Year)

(c) Place: burial or cremation Galena, Kansas

18. (a) Signature of funeral director Allison's Funeral Home

(b) Address 1116 Main Galena Kans.

19. (a) 3/22/47 (Date received local registrar) (b) Ed D Jones (Registrar's signature) 138

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 20 year 1947 hour 7 minute 35 M.

21. I hereby certify that I attended the deceased from 6 30 am 3/19/47, 19__, to 7 36 am 3/20/47, 19__; that I last saw her alive on 3/20, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardio-Vascular Colapse	
Due to: Exhaustion	
Due to: Congenital Atelectasis	
Other conditions: Congenital deformity (Include pregnancy within 3 months of death) Both feet.	
Major findings: Of operations	
Of autopsy	

161A

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 Early B. Lowry Jr. (M. D. or other)

Address 304 Frisco Bld Joplin Date signed 3/20/47

(Licensed Embalmer's Statement on Reverse Side)

47-3-347

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 .....

Licensed Embalmer No. 3566

P. O. Address Joplin 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.