S. No. 2
M—2-43
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21 X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 18 1947

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

14582

State File No.

Registration District No. 290 Primary Registration District No. 4430 Registrar's No. 33

1. PLACE OF DEATH:
(a) County Pulaski
(b) City or town Crocker
(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)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 3 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pulaski 85
(c) City or town Crocker 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mary Jane Walters
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F. 1
5. Color or race W
6. (a) Single, widowed, married, divorced S 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb. (Month) 4 (Day) 1944 (Year)
8. AGE: Years 3 Months Days 19 If less than one day hr. min.
9. Birthplace Crocker (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER 12. Name Louis Wm. Walters
13. Birthplace Pulaski Co. (City, town, or county) Mo. 0 (State or foreign country)
MOTHER 14. Maiden name Theresa Loraine Lawton
15. Birthplace (City, town, or county) Ark. / (State or foreign country)
16. (a) Informant Louis Walters
(b) Address Crocker, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/24/47 (Month) (Day) (Year)
(c) Place: burial or cremation Crocker Cemetery
18. (a) Signature of funeral director J. L. Hoops & Sons
(b) Address Crocker, Missouri
19. (a) 4-2-47 (Date received local registrar) (b) Louis B. McClintock (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 23 year 47 hour minute M.
21. I hereby certify that I attended the deceased from Feb 7 1947 to Feb 23 1947; that I last saw her alive on Feb 23 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: tuberculous pneumonia	3 4 wks.
Due to: Chronic Bronchial disease Asthma	
Due to: Malnutrition	
Other conditions (Includes pregnancy within 3 months of death)	
Major findings: Of operations	
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature John A. Mikalwicz M.D. or other) D.O.
Address Crocker, Mo. Date signed 2/24/47

(Licensed Embalmer's Statement on Reverse Side)

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 Paul B. Hoop

Licensed Embalmer No. 3261

P. O. Address Groaker, 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.