S. No. 2
—11-10-39
. 5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 2 1947

Registration District No. 17

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16863

Primary Registration District No. 5260

Registrar's No. 5

1. PLACE OF DEATH:

(a) County: Christian

(b) City or town: Chadwick, Linn Twp (Rural)
(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 (Life) 1 Mo 20 dys.

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Christian

(c) City or town: Chadwick, (Rural)
(If outside city or town limits, write "RURAL")

(d) Street No.: Linn Twp. South
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years

3. (a) PRINT FULL NAME: Barbara Louise 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: ∅

6. (b) Name of husband or wife: ____

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

7. Birth date of deceased: Feb (Month) 22 (Day) 1947 (Year)

8. AGE: Years ____ Months 1 Days 20 If less than one day ____ hr. ____ min.

9. Birthplace: Chadwick, (City, town, or county) Mo (State or foreign country) ∅

10. Usual occupation: ____

11. Industry or business: ____

FATHER
12. Name: Lloyd Walker ∅
13. Birthplace: Chadwick (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name: Eidd Robertson
15. Birthplace: Longrun (City, town, or county) Mo (State or foreign country) ∅

16. (a) Informant: Lloyd Walker
(b) Address: Chadwick, Mo

17. (a) Chadwick (Burial, cremation, or removal) (b) Date thereof: 4-12-47 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~: Chadwick Cemetery

18. (a) Signature of funeral director: John Harris
(b) Address: Chadwick, Mo

19. (a) Apr 29-47 (Date received local registrar) (b) Lillie Barr (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 11 year 1947 hour 6 minute 30 P.M.

21. I hereby certify that I attended the deceased from 11 apr, 1947, to 11 apr, 1947; that I last saw her alive on 11 apr 1947, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchopneumonia	unknown
Due to: Secondary to pertussis	unknown (3 wks?)
Due to:	
Other conditions (Include 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? ∅
While at work? ____ (Specify type of place) (e) Means of injury: ____

23. Signature: [illegible] (M. D. or other) MD
Address: Ozark, Mo Date signed: 5 apr. 47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
District File Number S-47-2-68
Date Filed MAY 22 1947

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.....

P. O. Address.....

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, above space should be left blank.