

FILED MAY 26 1947

Registrar's No. 47

Registration District No. 374

Primary Registration District No. 4548

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

1. PLACE OF DEATH:

(a) County Worth

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

(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution MO
(Specify whether yrs, months or days)

In this community 10 yrs
(Specify whether yrs, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Worth 113

(c) City or town Worth MO
(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 ELLA LUTES WALKER

3. (b) If veteran, name war _____

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29
year 1947 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
and that death occurred on the date and hour stated above.

4. Sex 7 / F

5. Color or race W

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

6. (b) Name of husband or wife F. G. Walker

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

7. Birth date of deceased man 8 1865
(Month) (Day) (Year)

Immediate cause of death: Multiple injuries received in auto crash in Worth Co. Mo. Highway

Due to Brain Concussion

Duration _____

8. AGE: Years 82 Months 1 Days 21
If less than one day _____ hr. _____ min.

Due to _____

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

9. Birthplace Mt Clematis Mich
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

Major findings: 1948
Of operations 1947

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name James F. Lutes

13. Birthplace Mt Clematis Mich
(City, town, or county) (State or foreign country)

14. Maiden name Angeline Remington

15. Birthplace Lincoln W. Va.
(City, town, or county) (State or foreign country)

16. (a) Informant J. C. Lutes

(b) Address Alledale MO

17. (a) Burial (b) Date thereof May 1 - 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Prarie Chapel Church

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____ 113

(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? _____

18. (a) Signature of funeral director Prarie Bros

(b) Address Wagon MO

19. (a) May 17 1947 (b) John E. Dawson
(Date received local registrar) (Registrar's signature) 345

While at work? _____ (Specify type of place) (e) Means of injury 3

23. Signature Arch Dimple (M. D. or other) Coroner

Address Worth City, MO Date signed 5/16/47

**DISTRICT HEALTH OFFICE
Cameron, Mo.**

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.....

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

Signed..... *John Andrews*
Licensed Embalmer No. *4211*
P. O. Address *Grant City 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.