. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23517

FILED JUL 24 1947

Registration District No. 43

Primary Registration District No. 40-57-5/35

Registrar's No. 271

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

1. PLACE OF DEATH:
(a) County Butler
(b) City or town Qulin Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 52 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Butler 12
(c) City or town Qulin Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. — 0
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME Manda A. Walters
3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased April (Month) 4 (Day) 1847 (Year)

8. AGE:

Years	Months	Days	If less than one day
100	3	1	..... hr. ..... min.

9. Birthplace unknown (City, town, or county) Illinois (State or foreign country)
10. Usual occupation Housework
11. Industry or business —
FATHER
12. Name J. H. Williams
13. Birthplace unknown (City, town, or county) Illinois (State or foreign country)
MOTHER
14. Maiden name Eliza Puttman
15. Birthplace unknown (City, town, or county) Illinois (State or foreign country)
16. (a) Informant Charles Walters
(b) Address Qulin, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-7-47 (Month) (Day) (Year)
(c) Place: burial or cremation Stephens - Near Malden, Mo.
18. (a) Signature of funeral director Landess Funeral Home
(b) Address Campbell, Missouri
19. (a) 7-14-47 (Date received local registrar) (b) R. M. Mitchell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5th
year 1947 hour — minute 11:10 P.M.
21. I hereby certify that I attended the deceased from 6/30, 1947, to ....., 19....;
that I last saw her alive on 6/30, 1947;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Senility	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations —	
Of autopsy —	

PHYSICIAN
Underline the cause of 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 Wallace A. Belsey (M. D. or other) MD
Address Campbell - Mo. Date signed 7/9/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 747-100-3
Date Filed 7-22-47

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 Christina M. Landers

Licensed Embalmer No. 4227

P. O. Address Campbell, Md.

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.