

S. No. 2
M-8-43
v. 5-17-39
PI X37823

26936

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED SEP 11 1947

Registration District No. _____

Primary Registration District No. 3007

Registrar's No. 320

1. PLACE OF DEATH:

(a) County Butler

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

(c) Name of hospital or institution: Lucey Lee Hospital
(If not hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day
(Specify whether years, months or days)

In this community lifetime

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County Stoddard

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

(d) Street No. 3 Miles S.W. of Bernie Twp.
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Alicia Faye Walker

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG. day 5TH
year 1947 hour 11 minute 30 A.M.

21. I hereby certify that I attended the deceased from AUG. 5TH, 1947, to AUG. 5TH, 1947.

4. Sex Female 5. Color or race White

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

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

7. Birth date of deceased May 1 1947
(Month) (Day) (Year)

that I last saw her alive on AUG. 5TH, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death: Lobar Pneumonia

8. AGE:	Years	Months	Days	If less than one day
		<u>3</u>	<u>6</u>	hr. _____ min. _____

Due to _____

Due to _____

9. Birthplace Stoddard County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business _____

12. Name Vernia Lee Walker

13. Birthplace Jackson Co. Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Mary Josephine Harmon

15. Birthplace Mississippi Co. Ark
(City, town, or county) (State or foreign country)

Major findings: Of operations _____

Of autopsy: _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Vernia Lee Walker

(b) Address Bernie Twp.

17. (a) Burial (b) Date thereof 9/6/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bernie Cemetery

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? _____

18. (a) Signature of funeral director Robert G. Brown

(b) Address Bernie Twp.

19. (a) 9/3/47 (b) R. Harmon
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature W. McPherson (M. D. or other) MD

Address Poplar Bluff Mo Date signed 9-3-47

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

2
7
3

RECEIVED

District Health Office No. 2,

District File Number 947-1184

Date Filed 9-9-47

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.....

Body Not Embalmed

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Robert E. Damm
General Director

Licensed Embalmer No.....

P. O. Address..... *Bernie 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.