

FILED AUG 28 1947

Registration District No. _____

Primary Registration District No. 5790

Registrar's No. 217

1. PLACE OF DEATH:

(a) County Carroll

(b) City or town Rural Carrollton Twp
(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)

In this community Entire Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Carroll

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

(d) Street No. Carrollton Mo. R.F.D.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME LAURA WALKER

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 14
year 1947 hour 11:45 minute 0 P. M.

21. I hereby certify that I attended the deceased from Coroner, Carl, 19____
that I last saw him _____ alive on _____, 19____
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color W 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased Oct 12 1860
(Month) (Day) (Year)

Immediate cause of death cardiac failure

Due to _____

Due to _____

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

8. AGE: Years 86 Months 9 Days 2 If less than one day _____ min.

9. Birthplace Carroll Co Mo
(City, town or county) (State or foreign country)

10. Usual occupation at home

Major findings: _____

Of operations _____

Of autopsy _____

11. Industry or business _____

12. Name Charles Hancock

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Mrs Ramsey

15. Birthplace Alabama
(City, town, or county) (State or foreign country)

16. (a) Informant Emmett Walker
(b) Address Carrollton Mo

17. (a) Burial (b) Date thereof 7-17-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cem Standley & Gibson

18. (a) Signature of funeral director _____
(b) Address Carrollton Mo

19. (a) 7/17/47 (b) Mo Herbert Calvert
(Date received local registrar) (Registrar's signature)

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 3

23. Signature Charles Pitt (M.D. or other) Coroner
Address Carrollton Mo Date signed 7-14-47

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

1700

200A

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 8-27-47

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.....

Ben W. Gibson

Licensed Embalmer No.

2961

P. O. Address.....

Carrollton 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.