

S. No. 2
-12-45
5-17-39
PI X47070

FILED SEP 9 1947
Registration District No. 207

Primary Registration District No. 5235

State File No. _____
Registrar's No. 15

1. PLACE OF DEATH:

(a) County Cedar

(b) City or town Rural Jerico Springs
(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 _____
(Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Cedar

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

(d) Street No. R.R. 2
(If rural, give location)

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

3. (a) PRINT FULL NAME Elsie Alice Walker

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 19
year 1947 hour 11 minute 45 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____,
that I last saw her alive on 8-19- 1947
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Wood Walker 6. (c) Age of husband or wife if alive _____ years
(Month) (Day) (Year)

7. Birth date of deceased J. W. W. 13 1886
(Month) (Day) (Year)

Immediate cause of death Cerebral Hemorrhage Duration hr.

Due to arterio-sclerotic
hypertension yes

Due to _____

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

8. AGE: Years Months Days If less than one day

61 2 6 _____ hr. _____ min.

9. Birthplace Ky. 1
(City, town, or county), (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Robert Cole

13. Birthplace Ky. 1
(City, town, or county), (State or foreign country)

14. Maiden name Elizabeth Dantes
(City, town, or county), (State or foreign country)

15. Birthplace Ky. 1
(City, town, or county), (State or foreign country)

16. (a) Informant Wood Walker

(b) Address Jerico Springs, Mo. 72

17. (a) buried (b) Date thereof 8-23-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Barth Cemetery

18. (a) Signature of funeral director Gwynn Carothers

(b) Address El Dorado Springs, Mo.

19. (a) Aug 27 1947 (b) Mrs. Delma Cole
(Date received local registrar) (Registrar's signature)

Major findings: Of operations g3 p

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? _____

(Specify type of place) _____

While at work? _____ (e) Means of injury _____

23. Signature Wm. B. Richter (M.D. or other) _____
Address Stockton Mo. Date signed 8-22-47

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

MOTHER FATHER

RECEIVED
District Health Officer No. 7,
District File Number 8-47-1658
Date Filed 9-8-47

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

Floyd E. Caruthers

Licensed Embalmer No. *4419*

P. O. Address *El Dorado Springs*

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.