S. No. 2
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 5 1948

Registration District No. 1806

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 9131

Primary Registration District No. 2001

Registrar's No.

1. PLACE OF DEATH:
(a) County: Jasper
(b) City or town: Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2111 Sergeant Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: 45 yrs.

2. USUAL RESIDENCE OF DECEASED:
(c) State: Missouri (b) County: Jasper 49
(c) City or town: Joplin 2
(If outside city or town limits, write "RURAL")
(d) Street No.: 2111 Sergeant Ave. 5
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME: Dora Hyatt Walker
3. (b) If veteran, name war: /
3. (c) Social Security No.:
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed 7
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: December (Month) 18 (Day) 1863 (Year)

8. AGE:

Years	Months	Days	If less than one day
84	1	19	..... hr. ..... min.

9. Birthplace: Macon County, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business:
12. Name (Father): Richard Durham
13. Birthplace (Father): Cox (City, town, or county) Missouri (State or foreign country) 1
14. Maiden name (Mother): D. K.
15. Birthplace (Mother): D. K. (City, town, or country) (State or foreign country) 4
16. (a) Informant: Mrs. Alie Plunkett
(b) Address: 2111 Sergeant Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2-9-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Clarence, Missouri
18. (a) Signature of funeral director: Thos. Lilly Dillon Mortuary
(b) Address: Joplin, Missouri
19. (a) 2-7-48 (Date received local registrar) (b) Valerie Lampkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 7 year 1948 hour 7 minute 45 A.M.
21. I hereby certify that I attended the deceased from Feb-7, 1948, to Feb-6, 1948, that I last saw her alive on Feb-6-, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchial Pneumonia	
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: 7	
Of autopsy: 10	

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: 0

23. Signature: C. C. Cook (M. D. or other)
Address: Joplin Mo. Date signed: 2-9-49

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

48-2-191

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 Erling M. Dungy

Licensed Embalmer No. 3566

P. O. Address Joplin 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.