

S. No. 2
M-5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 19 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15408

State File No. _____
Registrar's No. 132

Registration District No. 38 Primary Registration District No. 3006

1. PLACE OF DEATH:
(a) County Boone
(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Ellis Fischel State Cancer Hospt. O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4.8 days
(Specify whether
In this community 40 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Scott 10-3
(c) City or town: Rural (If outside city or town limits, write "RURAL")
(d) Street No. 10 mi. N.W. of East Prairie 1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME WILLIAM HORACE WALKER
3. (b) If veteran, name war _____
3. (c) Social Security No. NONE

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 15th
year 1948 hour 10 minute 15 P.M.

4. Sex male 5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Mollie Walker
6. (c) Age of husband or wife if alive 15 years
7. Birth date of deceased July 15 1869
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from February 26 1948, to April 15 1948; that I last saw h. in alive on April 15 1948; and that death occurred on the date and hour stated above.

8. AGE: Years 78 Months 9 Days 0
If less than one day hr. min.

Immediate cause of death Adenocarcinoma, cervix 2 yrs
Duration _____

9. Birthplace Waverly Tenn
(City, town, or county) (State or foreign country)

Due to _____
Due to _____

10. Usual occupation Farmer

Other conditions (Include pregnancy within 3 months of death) None

11. Industry or business _____

Major findings: Of operations _____

12. Name Unknown

Of autopsy or above

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

14. Maiden name Unknown

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

16. (a) Informant Paul Walker

(b) Address East Prairie Mo

17. (a) Burial (b) Date thereof April 18 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dogwood Cem

18. (a) Signature of funeral director Edwin Shelby

(b) Address East Prairie Mo

19. (a) May 11 1948 (b) Mrs R.E. Palmer
(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) (c) Means of injury _____

23. Signature Came Lee (M. D. or other) _____

Address State Cancer Hosp Date signed 5/11/48

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

10
22
4

MOTHER FATHER

PHYSICIAN
Underline the cause to which death should be charged statistically.

Date Filed
MAY 18 1948

District File Number

District Health Officer No. 9,

RECEIVED

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

Travis Shelby

Licensed Embalmer No. *2726*

P. O. Address *East Prairie, 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.