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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 16108

FILED JUN 15 1948

Registration District No. 139

Primary Registration District No. 4208

Registrar's No.

1. PLACE OF DEATH:
(a) County Harrison
(b) City or town Ca insville
(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 All life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Harrison 41
(c) City or town Cainsville 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Nancy Mae Walters
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June (Month) 21 (Day) 1901 (Year)

8. AGE: Years 46 Months 10 Days 28 If less than one day hr. min.

9. Birthplace Adair County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Invalid all life
11. Industry or business
FATHER
12. Name John E. Walters
13. Birthplace Adair Co., Missour i (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Nancy Adelia Ray
15. Birthplace Green Castle (City, town, or county) Missouri (State or foreign country)
16. (a) Informant George Walters
(b) Address Salem Oregon
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 22 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Union Cemetery Green Castle MO
18. (a) Signature of funeral director E. J. Stoklasa
(b) Address Cainsville, Mo.
19. (a) May 22-48 (Date received local registrar) (b) S Pha Shaw (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19
year 1948 hour 4 minute 45 PM.
21. I hereby certify that I attended the deceased from Jan first 1947, to May 17 1948;
that I last saw her alive on May 17 1948;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic myocarditis and myocardial degeneration	one year
Due to Little's Disease,	47 years
Due to all signs and symptoms point to internal cancer, but unable to locate growth	6 months
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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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 2
23. Signature Alfred C. Taff (M/D. or other) D.O.
Address Cainsville Mo Date signed 5/21/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 Eddie J. Stoklasa Registered Apprentice No. working under my personal supervision.

Signed E J Stoklasa

Licensed Embalmer No. 3602

P. O. Address Cainsville, 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.