S. No. 2
I—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUL 15 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18977

Registration District No. 73 — Primary Registration District No. 5291 — Registrar's No. 56

1. PLACE OF DEATH:
(a) County: Clay
(b) City or town: Liberty Twp. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: I.O.O.F. Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 8 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Clay
(c) City or town: Liberty (If outside city or town limits, write "RURAL")
(d) Street No.: I.O.O.F. Home (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country: —

3. (a) PRINT FULL NAME: CORA M. WALTERS
3. (b) If veteran, name war: ✓
3. (c) Social Security No.: ✓
4. Sex: Female
5. Color or race: Wh
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Charles Walters
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: Mar (Month) 19 (Day) 1873 (Year)

8. AGE:

Years	Months	Days	If less than one day
75	3	0	..... hr. ..... min.

9. Birthplace: E. St. Louis (City, town, or county) Ill. (State or foreign country)
10. Usual occupation: House wife
11. Industry or business: —
FATHER
12. Name: Alexander Gray
13. Birthplace: (City, town, or county) Ireland (State or foreign country)
MOTHER
14. Maiden name: Marilla Gorder
15. Birthplace: (City, town, or county) Switzerland (State or foreign country)
16. (a) Informant: J. E. Thomure
(b) Address: I.O.O.F. Home
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6/19/48 (Month) (Day) (Year)
(c) Place: burial or cremation: St. Louis Mo.
18. (a) Signature of funeral director: Church Archer W.
(b) Address: Liberty Mo
19. (a) June 19-1948 (Date received local registrar) (b) Minnie Hayney (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19 year 1948 hour 7 minute 45 A.M.
21. I hereby certify that I attended the deceased from March 18, 1947, to June 19, 1948; that I last saw her alive on June 18, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Intestinal obstruction	10 days.
Due to: Cause unknown	
Due to:	
Other conditions: Hypertensive C-V disease (Include pregnancy within 3 months of death)	15 yrs.

Major findings:
Of operations: 122 B
Of autopsy:

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
23. Signature: S. O. Schroeder (M. D. or other) M.D.
Address: Liberty, Mo Date signed: 6/19/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 7-14-48

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 John Lombard

Licensed Embalmer No. 4448

P. O. Address Liberty 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.