

State File No. 8-28-48

Registrar's No. 91

FILED SEP 1 1948
Registration District No. 170

Primary Registration District No. 3033

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

1. PLACE OF DEATH:

(a) County Laclede

(b) City or town Lebanon

(c) Name of hospital or institution: Wallace Hospital
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution 1 week
(Specify whether years, months or days)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Laclede

(c) City or town Lynchburg Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

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

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME ELIZABETH JANE WALKER

3. (b) If veteran, _____ name war _____

3. (c) Social Security No. _____

20. DATE OF DEATH: Month Aug. day 16
year 1948 hour 2 minute 30 A.M.

21. I hereby certify that I attended the deceased from 8/9
1948 to 8/16 1948
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 widowed

6. (b) Name of husband or wife Allen

6. (c) Age of husband or wife if alive _____ years (Day) (Year)

7. Birth date of deceased Sept. 14 1867
(Month) (Day) (Year)

Immediate cause of death Chronic nephritis Duration unk.

8. AGE: Years 80 Months 11 Days 2 If less than one day hr. _____ min. _____

Due to uremia Duration 1 week

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

10. Usual occupation House wife

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

11. Industry or business _____

12. Name Dr. E. Evans

13. Birthplace unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name E. Evans

15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

Major findings:
Of operations _____

Of autopsy 13113

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

16. (a) Informant Jerry Walker

(b) Address Roby, Mo.

17. (a) Burial (b) Date thereof 8/20/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

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? _____

18. (a) Signature of funeral director Ernest Boyland Elliott

(b) Address Houston, Mo.

19. (a) 8-25-48 (b) Flossie B. Lynch
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

Means of injury _____

23. Signature Jane L. Hope (M. D. or other)

Address Lebanon, Mo. Date signed 8/24/48

SEP 30 1979

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 Persey M. Howe
Licensed Embalmer No. 4222
P. O. Address Lebanon, 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.