No. 2
—5-43
5-17-39
X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 20 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29035

State File No.

Registration District No. 44 Primary Registration District No. 4060 Registrar's No. 29

1. PLACE OF DEATH:
(a) County Caldwell
(b) City or town Breckenridge
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
(Specify whether
In this community 20 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Caldwell 13 0 0 0
(c) City or town Breckenridge
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME LEONA VIOLA WALKER

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex F 1 | 5. Color or race W | 6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Jesse Lee Walker
6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased August (Month) 24 (Day) 1900 (Year)

8. AGE: Years	Months	Days	If less than one day
47	10	16	✓ hr. ✓ min.

9. Birthplace Unknown (City, town, or county) Iowa 1 (State or foreign country)
10. Usual occupation Housekeeping
11. Industry or business Housewife
MOTHER FATHER
12. Name Leonard S. Lonias
13. Birthplace Unknown (City, town, or county) Ind. 1 (State or foreign country)
14. Maiden name Minnie Stevens
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)
16. (a) Informant Jesse Lee Walker
(b) Address Breckenridge, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 12, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Breckenridge, Mo.
18. (a) Signature of funeral director Gene C. Michael
(b) Address Braymer, Mo.
19. (a) 9-4-48 (Date received local registrar) (b) Mrs. Nell B. Jones (Registrar's signature) 372

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 10" year 1948 hour 11 minute 30 a. M.

21. I hereby certify that I attended the deceased from June 6 1947 to Aug 10, 1948 that I last saw him alive on Aug 10 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Obstruction in bowel
Due to Carcinoma of intestine
Due to
Other conditions
(Include pregnancy within 3 months of death)

Major findings: Of operations Carcinoma of intestine and omentum
Of autopsy 46 E

Duration

PHYSICIAN
Underline the cause to 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?
While at work? ✓ (Specify type of place) (e) Means of injury ✓

23. Signature E A Thompson (M. D. or other)
Address Breckenridge Date signed Aug 16-1948

(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~~ _____, ~~Registered Apprentice No.~~ _____, ~~working under my personal supervision~~.

Signed Gene C. Michael

Licensed Embalmer No. 4340

P. O. Address Braymer, 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.