No. 2
-1/47
5-17-39

16
4

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. 32247

FILED NOV 9 1948

Registration District No. 1948

Primary Registration District No. 3010

Registrar's No. 334

1. PLACE OF DEATH:
(a) County Cape Girardeau
(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: S.E. Mo Hosp. 1)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 13 days (Specify whether
In this community 20 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Scott 100
(c) City or town Chaffee 1
(If outside city or town limits, write "RURAL")
(d) Street No. 1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mabel Marie Delezene Walking
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife W. A. Walking
6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased Aug. (Month) 31 (Day) 1887 (Year)

8. AGE: Years 61 | Months 1 | Days 29 | If less than one day ..... hr. ..... min.

9. Birthplace Omaha (City, town, or county) Nebr (State or foreign country)
10. Usual occupation Osteopathic Physician
11. Industry or business " "

FATHER
12. Name Wm. Murdoch
13. Birthplace Peoria (City, town, or county) Ill. (State or foreign country)

MOTHER
14. Maiden name E. Lizabeth Lambert
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Dr Edward Delezene
(b) Address Frederick town Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-1-48 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Pk. Cape Co Mo
18. (a) Signature of funeral director Bisplinghoff Funeral Home
(b) Address Chaffee, Mo
19. (a) 11-1-48 (Date received local registrar) (b) E. E. Summers (Registrar's signature) 111

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 29th year 1948 hour 8 minute 30 P M.

21. I hereby certify that I attended the deceased from 10-17-48, 19..., to 10-29-48, 19...; that I last saw her alive on 10-29-48, 19...; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Ac. Peritonitis & paralytic ileus | 1 wk |
| Due to Gangrenous gall bladder | 1 wk |
| Due to | |
| Other conditions Carcinoma of Cervix (Include pregnancy within 3 months of death) | 6 mos |

+8 PT

Major findings:
Of operations Ca Cervix, gangrene of G.B.
Of autopsy Same, also peritonitis

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 (S)

23. Signature Paul B. Nussbaum (M. D. or other) MD
Address Cape Girardeau Date signed 11-1-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 1148-136

Date 11-8-48

JUN 27 1949

JUN 27 1949

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 Mamie Bergling Eff

Licensed Embalmer No. 3242

P. O. Address Chaffee 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.