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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED DEC 14 1948
Registration District No. 20

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH
Primary Registration District No. 4031

35555
State File No. _____
Registrar's No. 56

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

1. PLACE OF DEATH:

(a) County Bates

(b) City or town Adrian
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 50 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates 7

(c) City or town Adrian 0
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) 0

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Nancy Hane Walter

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex F 5. Color or race W

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Jonathan Hays Walter

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

7. Birth date of deceased December 1 1861
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 6
year 1948 hour 7 AM minute _____ M.

21. I hereby certify that I attended the deceased from Nov 19 1948 to Dec 6 1948
that I last saw her alive on Dec 5 1948
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>87</u>	<u>0</u>	<u>5</u>	hr. _____ min.

Immediate cause of death Cerebral Hemorrhage Duration 6 days

Due to Arterio-sclerosis 8 years 7

Due to _____

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

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

10. Usual occupation HOUSEWORK H

PHYSICIAN

Major findings:
Of operations 030

Of autopsy 030

Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name Wilson Allen

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

14. Maiden name Delia Oss

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

16. (a) Informant Viola Paxton

(b) Address Philo Ohio

17. (a) Burial (b) Date thereof 12-8-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crescent Hill Cem.

18. (a) Signature of funeral director Creather

(b) Address Adrian Mo.

19. (a) 12-6-48 (b) Mrs. Overmyer
(Date received local registrar) (Registrar's signature)

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 2

23. Signature Dr. Olson (M. D. or other) Dr.

Address Adrian Mo. Date signed 12-48

RECEIVED

District Health Officer No. 71

District File Number *11-48-1432*

Date Filed *12-13-48*

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.....

C. H. Six

Registered Apprentice No. *3650*

working under my personal supervision.

Signed *Fred W. Cawthra*

Licensed Embalmer No. *3343*

P. O. Address *Adrian, 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.