No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 5 1949

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 39883

Registration District No. 122 — Primary Registration District No. 4201 — Registrar's No. 24

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

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Republic
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 30 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene 29
(c) City or town Republic 5
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Mary Elizabeth Walker
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex F /
5. Color or race Wht
6. (a) Single, widowed, married, divorced /Married
6. (b) Name of husband or wife Vardeman Walker
6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased June (Month) 12 (Day) 1878 (Year)

8. AGE:

Years	Months	Days	If less than one day
70	6	12	hr. min.

9. Birthplace Webster County (City, town, or county) Mo. (State or foreign country) 0
10. Usual occupation Housewife
11. Industry or business .....
FATHER
12. Name John A. Self
13. Birthplace ? (City, town, or county) Va. / (State or foreign country)
MOTHER
14. Maiden name Mary McInturf
15. Birthplace ? (City, town, or county) Tenn. / (State or foreign country)
16. (a) Informant Vardeman Walker
(b) Address Republic, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-26-'48 (Month) (Day) (Year)
(c) Place: burial or cremation Republic, Mo.
18. (a) Signature of funeral director John Dean Harris
(b) Address Clever, Mo.
19. (a) Dec. 26-'48 (Date received local registrar) (b) Florence Britain (Registrar's signature) 105

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12- day 24
year 48 hour 3:00PM minute ..... M.
21. I hereby certify that I attended the deceased from 12-24-48 ....., 19....., to 12-24-48 19.....;
that I last saw her alive on 12-24-48 19.....;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Senility + carcinomatosis +	2
Due to	
Due to	
Other conditions ..... (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy 55E	

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

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 [signature] (M. D. or other)
Address Republic, Mo. Date signed 12-24-48

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

RECEIVED
Greene County Health Office,
County File Number 48-12-87
Date Filed 1-4-49

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 Allen Harris

Licensed Embalmer No. 4390

P. O. Address Clever, 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.

No. 2B
M—3-45
I X43880

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. Jan

Registration District No. 122 Primary Registration District No. 4201 Registrar's No. 24

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

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County Greene

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

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town
(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

3. (a) PRINT FULL NAME Mary E. Walker

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased June (Month) 12 (Day) 1878 (Year)

8. AGE: Years 70 Months 6 Days 12 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

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

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

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 24
year 1948 hour minute M.

21. I hereby certify that I attended the deceased from
, 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Unknown pronounced patient dead only never saw her before

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

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) none

(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 [signature] (M. D. or other)
Address Republic, Mo. Date signed

5-39883