

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED JAN 3 1949

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 23-6

Primary Registration District No. 5849

Registrar's No. 18

1. PLACE OF DEATH:

(a) County Madawaski  
(b) City or town Cancellation Jefferson  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Rural Jefferson  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 70 Mts (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Madawaski  
(c) City or town Cancellation  
(If outside city or town limits, write "RURAL")  
(d) Street No. Rural Jefferson  
(If rural, give location) Township  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME FRANCES WALTER

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

4. Sex B / 5. Color or race W 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive 43 years (Day) (Year) 1866

8. AGE: Years 82 Months 10 Days 15 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Buffalo (City, town, or county) New York (State or foreign country)

10. Usual occupation Accountant

11. Industry or business \_\_\_\_\_

12. Name Frances Walter

13. Birthplace Buffalo (City, town, or county) New York (State or foreign country)

14. Maiden name Frances

15. Birthplace Buffalo (City, town, or county) New York (State or foreign country)

16. (a) Informant Mrs. Phyllis Walter

(b) Address Cancellation Jefferson

17. (a) Rural (b) Date thereof 12-21-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Columbia Cemetery

18. (a) Signature of funeral director Ward & Phyllis

(b) Address Cancellation Jefferson

19. (a) 12-20-48 (b) Ward & Phyllis  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December, day 19, year 1948 hour 7 minute 30 P. M.

21. I hereby certify that I attended the deceased from 9:00 15, 1948, to Dec. 19, 1948; that I last saw her alive on December 19, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death: Cardiac failure Duration 4 days

Due to Cerebro-vascular accident (Cerebral embolism) 10 days

Due to Thrombophlebitis 4 mts.

Other conditions: \_\_\_\_\_ (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 Paul J. Kaduce (M. D. or other) M.D.

Address Cancellation Jefferson Date signed 12/20/48

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

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DEC 30 1948

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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..... *Leroy F. Phillipin*.....

Licensed Embalmer No..... *1898*.....

P. O. Address..... *Stothery MD*.....

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.