

FILED JAN 26 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2280

State File No.

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 305-6 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution) a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>	
b. CITY OR TOWN <u>Moberly</u>		c. CITY OR TOWN <u>Moberly</u>	
c. LENGTH OF STAY (in this place) <u>20 years</u>		d. STREET ADDRESS (If rural, give location) <u>356 East Rollins</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>356 East Rollins</u>		d. STREET ADDRESS (If rural, give location) <u>356 East Rollins</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u> b. (Middle) <u>HANNAH</u> c. (Last) <u>WALKER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>January - 21 - 49</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>Mar - 4 - 1872</u>		9. AGE (In years last birthday) <u>76</u>		10. IF UNDER 1 YEAR <u>10</u> IF UNDER 2 HRS. <u>17</u> Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Boone Co., Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>usa</u>		13a. FATHER'S NAME <u>Abraham Roberts</u>		13b. MOTHER'S MAIDEN NAME <u>Susanna Wainwright</u>	
14. NAME OF HUSBAND OR WIFE <u>William S. Walker</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Gertrude Gibson</u>		17. ADDRESS <u>Moberly Mo.</u>		18. CAUSE OF DEATH	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chl Myocarditis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 w</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arthritis 4 1/2"</u>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) COUNTY (STATE) <u>Moberly Randolph MO</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Jan 21 1949</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 1-20, 1949, to 1-21, 1949, that I last saw the deceased alive on Jan 21 1949 and that death occurred at 4:07 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. C. Humphreys M.D.</u>		23b. ADDRESS <u>Moberly Mo</u>		23c. DATE SIGNED <u>1-21-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremial</u>		24b. DATE <u>Jan-23-49</u>		24c. NAME OF CEMETERY OR-CREMATORY <u>Fairview</u>	
24d. LOCATION (City, town, or county) (State) <u>Boone Co. Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Shaw Funeral Home</u>		25. ADDRESS <u>Moberly Mo.</u>	
DATE REC'D BY LOCAL REG. <u>1-21-49</u>		REGISTRAR'S SIGNATURE <u>Paul H. Williams</u>		ADDRESS <u>Boone Co. Mo.</u>	

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

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FEB 2 1949

RECEIVED

District Health Officer No.

District File Number 149-11

Date Filed JAN 24 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed R. M. Carter

Licensed Embalmer No. H117

P. O. Address Mohrly 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.