

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH;

State File No. 4458 a

FILED OCT 7 - 1955

Registration District No. 102

Primary Registration District No. 4174

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Dunklin

(b) City or town Cardwell
(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 _____ (Specify whether)

years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin

(c) City or town Cardwell
(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 Nellie D. Walker

3. (b) If veteran, name war _____

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 12 year 1949 hour 5 minutes 15 A. M.

21. I hereby certify that I attended the deceased from April 1948 to Feb 12 1949 and that death occurred on the date and hour stated above.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife H. T. Walker

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased January 30, 1887
(Month) (Day) (Year)

Immediate cause of death Cerebral Hemorrhage Duration 12 hrs

Due to Hypertensive heart disease DK

8. AGE:	Years	Months	Days	If less than one day
	<u>62</u>	<u>0</u>	<u>12</u>	hr. _____ min. _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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

10. Usual occupation House Wife

11. Industry or business At Home

12. Name Dude Brewer

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

14. Maiden name Janie Tucker
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. Joe E. Wilbourn

(b) Address Paragould, Arkansas

17. (a) Burial (b) Date thereof 2-13-49
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Linwood Cem-Paragould, Ark.

18. (a) Signature of funeral director Verlyn L. Heath

(b) Address 221 W. Main - Paragould, Ark.

19. (a) 7-11-55 (b) Richard P. Baird
(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? ARK.

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature M. E. Glasgow (M. D. or other) MD
Address Cardwell Date signed 2-12-49

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

MOTHER FATHER

RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT 9-23-58
COUNTY FILE NUMBER 98-223

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.....

Licensed Embalmer No.....

P. O. Address.....

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.