

FILED FEB 14 1950

STANDARD CERTIFICATE OF DEATH

State File No. 43989

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

141
B
413

BIRTH NO. _____ REG. DIST. NO. 378 PRIMARY REG. DIST. NO. 4552 Registrar's No. 6

| | | | | | |
|---|--|--|---|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>Wright</u> | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>MO.</u> b. COUNTY <u>TEXAS</u> | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mtn. Grove</u> | | c. LENGTH OF STAY (In this place) <u>10 days</u> | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>EMPO RURAL Clinton Twp</u> | | d. STREET ADDRESS (If rural, give location) <u>2 BLOCKS SOUTH OF EMPO</u> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | | 3. NAME OF DECEASED a. (First) <u>NANCY</u> b. (Middle) <u>ELIZABETH</u> c. (Last) <u>WALKER</u> | | |
| 5. SEX <u>F.</u> | 6. COLOR OR RACE <u>W.</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u> | 8. DATE OF BIRTH <u>7/29/1880</u> | 9. AGE (In years last birthday) <u>69</u> | IF UNDER 1 YEAR MONTHS <u>5</u> DAYS <u>1</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEKEEPER</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>HOUSEKEEPER</u> | | 11. BIRTHPLACE (State or foreign country) <u>DOUGLASS COUNTY MO</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
| 13a. FATHER'S NAME <u>JOHN HATFIELD</u> | | 13b. MOTHER'S MAIDEN NAME LAST NAME <u>ELIZABETH WATSON</u> | | 14. NAME OF HUSBAND OR WIFE <u>SOL WALKER</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>NO.</u> | 16. SOCIAL SECURITY NO. <u>NONE</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Albert Smart Mt. Grove Mo.</u> | | | |
| 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. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</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) _____ | | | | INTERVAL BETWEEN ONSET AND DEATH <u>9 hrs.</u> <u>IN</u> <u>331X</u> |
| 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) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) | 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 <u>12-30</u> , 19 <u>49</u> , to _____, 19____, that I last saw the deceased alive on <u>DEC. 30</u> , 19 <u>49</u> , and that death occurred at <u>5 P.m.</u> , from the causes and on the date stated above. | | | | | |
| 23a. SIGNATURE <u>W. C. Craig D.O.</u> | | | 23b. ADDRESS <u>Mountain Grove Mo.</u> | | 23c. DATE SIGNED <u>1-2-50</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 24b. DATE <u>JAN. 2, 1950</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>HILLCREST</u> | 24d. LOCATION (City, town, or county) (State) <u>Mtn. Grove MO.</u> | | |
| DATE REC'D BY LOCAL REG. <u>2-1-50</u> | REGISTRAR'S SIGNATURE <u>A.B. Ames</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>R. W. Barbry Mtn. Grove Mo.</u> | | |

RECEIVED FEB 7 1950
District Health Office No. 6,
District File Number 250-175
Date Filed 2-7-50

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.W. Barber

Licensed Embalmer No. 3848

P. O. Address Intn. Power Co.

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.