DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11047

Registration District No. 328 Primary Registration District No. 3017 Registrar's No.

1. PLACE OF DEATH:
(a) County Grundy
(b) City or town Trenton (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2818 Mabel (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 43 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Grundy
(c) City or town Trenton (If outside city or town limits, write "RURAL")
(d) Street No. 2818 Mabel (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME MARY ELIZABETH WALKER
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Female
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife B. G. WALKER
6. (c) Age of husband or wife if alive 88 years
7. Birth date of deceased Oct (Month) 25 (Day) 1856 (Year)

8. AGE: Years	Months	Days	If less than one day
83	3	17	hr. min.

9. Birthplace Grundy Co (City, town, or county) Mo (State or foreign country) 0
10. Usual occupation housewife 9
11. Industry or business home 0
FATHER
12. Name George Washington Street
13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Alligry
15. Birthplace Chariton Co (City, town, or county) Mo (State or foreign country)
16. (a) Informant's own signature Bessie Lord
(b) Address Trenton Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 12 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Maple Grove
18. (a) Signature of funeral director Hensley Funeral Home
(b) Address Trenton Mo 300
19. (a) 2-12-40 (Date received local registrar) (b) Irene D Fair (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 11 year 1940 hour 2:00 p.m. minute M.
21. I hereby certify that I attended the deceased from Feb. 3, 1940, to Feb. 4, 1940; that I last saw her alive on Feb. 3, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Terminal Bronco pneumonia	few days
Due to Preceeding Influenza	few days
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy None

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature C H Cullers (M. D. or other)
Address Trenton Mo Date signed 2-5-40

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Rev. 5-17-39 I X19511

RECEIVED
District Health Officer No. 11
District File Number 440-528
Date Filed APR 13 1940

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, above space should be left blank.