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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 10 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31582

Registration District No. 104 Primary Registration District No. 3008. Registrar's No. 254.

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

1. PLACE OF DEATH:
(a) County Callaway
(b) City or town Fulton
(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 2 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Callaway
(c) City or town Fulton
(If outside city or town limits, write "RURAL")
(d) Street No. 809 Walnut
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Mrs Mollie Walker
3. (b) If veteran, name war
3. (c) Social Security No. None
4. Female
5. Color or race Negro
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Albert
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Oct. (Month) — 1 (Day) — 1851 (Year)

8. AGE: Years 88 Months 11 Days 28 If less than one day hr. min.

9. Birthplace (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Retired 0
11. Industry or business 1
FATHER
12. Name D.K.
13. Birthplace (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Mary Jane Thomas
15. Birthplace (City, town, or county) Virginia (State or foreign country)
16. (a) Informant Mrs Valerie Cooper
(b) Address 809 Walnut-Fulton, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. (Month) 1 (Day) -40 (Year)
(c) Place: burial or cremation South Side Cemetery-Fulton, Mo
18. (a) Signature of funeral director Eli Bell
(b) Address Fulton, Mo
19. (a) Oct 1, 1940 (Date received local registrar) (b) R. N. Crews. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 29 year 1940 hour 3 minute 45 P. M.
21. I hereby certify that I attended the deceased from Sept 27, 1940, to Sept-29, 1940; that I last saw her alive on Sept-29, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Chron
Due to
Due to Myocarditis Bronchitis Chron
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 93 C
Of autopsy

Duration

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? 10 (Specify type of place)
While at work? (e) Means of injury

23. Signature M. A. Richardson (M. D. or other) 1
Address 529 A Court Fulton Mo Date signed

(Licensed Embalmer's Statement on Reverse Side)

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.....Eli Bell.....

Licensed Embalmer No.....2130.....

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.