

Search
No. 2
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FULLY FILED OCT 18 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **33361**

Registration District No. **875**

Primary Registration District No. **3039**

Registrar's No. **238**

I. PLACE OF DEATH:

(a) County Vernon
(b) City or town Nevada
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Nevada City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Three days
(Specify whether
In this community Fifty years
years, months or days)

8. (a) PRINT FULL NAME Walter M Page

8. (b) If veteran, name war 3. (c) Social Security No. None

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Laura Cratten Page 6. (c) Age of husband or wife if alive years

7. Birth date of deceased May 30 1873
(Month) (Day) (Year)

8. AGE: Years 67 Months 3 Days 19 If less than one day hr. min.

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

10. Usual occupation Attorney at law

11. Industry or business Practicing Law

12. Name John Jackson Page

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

14. Maiden name Emma Marmaduke

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

16. (a) Informant Mrs J Blumley

(b) Address Nevada Mo.

17. (a) Burial (b) Date thereof Sept 20 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Newton Burial Park

18. (a) Signature of funeral director Allen V. Hays

(b) Address Nevada Missouri

19. (a) Sept 19 40 (b) Allen V. Hays
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon
(c) City or town Nevada
(If outside city or town limits, write "RURAL")
(d) Street No. 504 South Main Street
(If rural, give location)
(e) If foreign born, how long in U. S. A. years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 18
year 1940 hour 12 minute 40 a.m.

21. I hereby certify that I attended the deceased from Sept 12
1940, to Sept 18 1940
that I last saw him alive on Sept 17, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to _____
Due to 94 A

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy none made

Duration 10 days

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 Sept 18 1940

(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?

23. Signature J W Pearce (M. D. or other) MD

Address Nevada Mo Date signed 9/21/40

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

8
2
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AUG 30 1948

RECEIVED

District Health Officer No. 7,

District File Number 10-40-1439

Date Filed 10-8-40

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 Allen V. Kays

Licensed Embalmer No. 1968

P. O. Address Nevada 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, above space should be left blank.