

JAN 20 1941

State File No. \_\_\_\_\_

Registration District No. 566

Primary Registration District No. 5762

Registrar's No. 156

1. PLACE OF DEATH: Mississippi  
 (a) County: Mississippi  
 (b) City or town: Rural-Ohio Township  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
14 mi. N.E. of Charleston, Mo.  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 15 years  
 (Specify whether \_\_\_\_\_)  
 In this community \_\_\_\_\_  
 years, months or days \_\_\_\_\_

3. (a) PRINT FULL NAME Nannie Walker

3. (b) If veteran, name war X X X 3. (c) Social Security No. X X X

4. Sex Female 5. Color or race Col. 6. (a) Single, divorced, married, married

6. (b) Name of husband or wife Willis Walker 6. (c) Age of husband or wife if 73

7. Birth date of deceased X X 1878  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
About	62	X	X	hr. _____ min. _____

9. Birthplace Dyersburg Tennessee  
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business At home

12. Name Effram Yandle

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

14. Maiden name Not known

15. Birthplace Not known Not known  
(City, town, or county) (State or foreign country)

16. (a) Informant Willis Walker

(b) Address Rt. 3., Charleston, Missouri

17. (a) Burial (b) Date thereof 12-3-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove-Charleston, Mo.

18. (a) Signature of funeral director Lair-Nunnelee Service

(b) Address Charleston, Mo.

19. (a) 12-5-40 (b) J. D. Stenn  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Miss.  
 (c) City or town Rural  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 14 mi. N.E. of Charleston, Mo  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 2nd.  
year 1940 hour 2 minute 30 P. M.

21. I hereby certify that I attended the deceased from Nov. 19 to Jan. 20, 1941; that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death From information received deceased had been sick for several months.

Due to Apparently cause of death was Apoplexy

Other conditions (Include pregnancy within 3 months of death) § 20

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? 745  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury Travis Shelby-Coroner of Miss. Co.

23. Signature East Prairie Mo. (M. P. or other) Date signed \_\_\_\_\_

Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

RECEIVED

District Health Officer No. 2

District File Number 141-69

Date Filed 11/10/41

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**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.**

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 43227

Registration District No. 566

Primary Registration District No. 5765

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Mississippi  
(b) City or town Ohio Twp  
(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 \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME Nannie Walker  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex 7 5. Color or race Col  
6. (a) Single, widowed, married, divorced m  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ year \_\_\_\_\_  
7. Birth date of deceased \_\_\_\_\_  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
62 X X \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name \_\_\_\_\_  
13. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

14. Maiden name Some of the negroes don't know where they were born don't know the state  
15. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (a) Informant \_\_\_\_\_  
(b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address \_\_\_\_\_

19. (a) 6-17-41 (b) F D Starn  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State \_\_\_\_\_ (b) County \_\_\_\_\_  
(c) City or town \_\_\_\_\_  
(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 \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH Month Dec day 2  
year 1946 hour \_\_\_\_\_ minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_  
\_\_\_\_\_ 19 \_\_\_\_\_, to \_\_\_\_\_ 19 \_\_\_\_\_;  
that I last saw h \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_;  
and that death occurred on the date and hour stated above.  
Immediate cause of death \_\_\_\_\_

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (Means of injury)

23. Signature Travis Shelby Cox (M. D. or other)  
East Prairie Mo Date signed \_\_\_\_\_

SUPPLEMENTARY

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

S-43227