No. 2
4-13-40
-17-39
I X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
RECD JAN 25 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 43450

Registration District No. 668 Primary Registration District No. 8032 Registrar's No. 382

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

1. PLACE OF DEATH:
(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Hospital No 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 Days (Specify whether
In this community years, months or days)

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

3. (a) PRINT FULL NAME Marie Walker
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Femal
5. Color or race Negro
6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 8 (Month) 11 (Day) 56 (Year)

8. AGE: Years 84 Months 3 Days 25 If less than one day hr. min.

9. Birthplace Campbranch (City, town, or county) Mo (State or foreign country)
10. Usual occupation Domestic
11. Industry or business
MOTHER FATHER
12. Name Peter Newbill
13. Birthplace Kentucky (City, town, or county) (State or foreign country)
14. Maiden name Francis Witcher
15. Birthplace Kentucky (City, town, or county) (State or foreign country)
16. (a) Informant James Walker
(b) Address 1109 Paseo Kansas City
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 (Month) 20 (Day) 40 (Year)
(c) Place: burial or cremation Bethlehem Cemetery
18. (a) Signature of funeral director J. Price Alexander
(b) Address 400 W. Cooper St
19. (a) 12/10/40 (Date received local registrar) (b) Mrs. Harry Sneed (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec 7 day
year 1940 hour 12 minute 35 A.M.
21. I hereby certify that I attended the deceased from Nov. 25, 1940, to Dec 7th, 1940
that I last saw her alive on December 7th, 1940
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death — Chronic Aortitis	
Due to Senility	
Due to Chronephrotis	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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 A. L. Maddox (M. D. or other)
Address 116 S. W. Main Date signed 12-10-40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number 1-14-41
Date Filed

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 Me

, Registered Apprentice No.

working under my personal supervision.

Signed J. Price Alexander

Licensed Embalmer No. 3572

P. O. Address Sedalia, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.