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7-39
K21492

STANDARD CERTIFICATE OF DEATH

State File No. 1649

Registration District No. 31

Primary Registration District No. 5042c

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Barry

(b) City or town Wheaton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: None
(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

8. (a) PRINT FULL NAME Carrie Almeda Walburn

3. (b) If veteran, name war: _____

3. (c) Social Security No. _____

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife W. F. Walburn

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased May 28 1887
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
53	6	16	hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name Christopher Platner

13. Birthplace Not Known
(City, town, or county) (State or foreign country)

14. Maiden name Mary Davis

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

16. (a) Informant W F Walburn

(b) Address Wheaton, Mo

17. (a) Burial (b) Date thereof Dec 15 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wheaton Chapel C.M.

18. (a) Signature of funeral director Wm Morris Gagne

(b) Address Wheaton, Mo

19. (a) 1-6-41 (b) Donald Blankenship
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry

(c) City or town Wheaton
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 13th
year 1940 hour 6 minute A. M.

21. I hereby certify that I attended the deceased from Jan 1
1939 to Dec 13, 1940
that I last saw her alive on Dec 12th, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Concussion of face

Due to _____

Due to N.M.I.V.

Other conditions _____
(Include pregnancy within 3 months of death)

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? _____

32 _____
(Specify type of place) (e) Means of injury

23. Signature J. H. Bellion (M. D. or other) _____
Address Wheaton, Mo Date signed Dec 21-40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

52
RECEIVED

District Health Officer No. 6,

District File Number 141-177

Date Filed FEB 3 1941

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.....

Wm. Marcus Pogue....., Registered Apprentice No.....
working under my personal supervision.

Signed Wm Marcus Pogue.....

Licensed Embalmer No. 24439

P. O. Address Whitson

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

If this body is not embalmed, above space should be left blank.