

Registration District No. 321
321

Primary Registration District No. 5444

Registrar's No. 21

39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County **GREENE**
(b) City or town **Springfield**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Route 2 Rogersville, Missouri
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Greene**
(c) City or town **Rogersville**
(If outside city or town limits, write "RURAL")
Route 2
(If rural, give location)
(d) Street No. _____
(e) If foreign born, how long in U. S. A.? **0** years.

3. (a) PRINT FULL NAME **Lavanza Emiline Walker**

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

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **James C. Walker** 6. (c) Age of husband or wife if alive **Deceased** years
7. Birth date of deceased **June 21, 1853**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
87 7 9 hr. min.

9. Birthplace **Unknown Tenn.**
(City, town, or county) (State or foreign country)

10. Usual occupation **In Home**

11. Industry or business **Housewife**

12. Name **Alexander Osborne**
13. Birthplace **Unknown Unknown**
(City, town, or county) (State or foreign country)
14. Maiden name **Anna Rogers**
15. Birthplace **Unknown Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Nola Brazel**
(b) Address **Route 2, Rogersville, Missouri**

17. (a) **Burial** (b) Date thereof **1/31/41**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Springfield, Missouri**

18. (a) Signature of funeral director **Alma Lohmeyer Funeral Home**
(b) Address **Springfield, Missouri**

19. (a) **4-16-41** (b) **Mrs. Paul Hughes Mitchell**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **29**,
year **1941** hour **10:40** minute **P.** M.

21. I hereby certify that I attended the deceased from **Nov 1940** to **Jan 29, 1941**
that I last saw him alive on **Nov 29, 1940**
and that death occurred on the date and hour stated above.

Immediate cause of death **Senescence**
Flu
Due to _____
Due to _____
Other conditions **Senescence**
(Include pregnancy within 3 months of death)

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

Major findings:
Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
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?
202
While at work? _____ (Specify type of place) (City or town) (County) (State)
Means of injury _____

23. Signature **C. B. Atkins** (M. D. or other) _____
Address **April 12** Date signed **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.....

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

Licensed Embalmer No. *1767*

P. O. Address *Springfield*

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.