

FILED JUN 20 1941

Registration District No. 1

Primary Registration District No. 1

Registrar's No. 144

1. PLACE OF DEATH

(a) County Adair  
(b) City or town Deshler  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Luzette Hospital  
(If not in hospital or institution, write the 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 Adair  
(c) City or town Kirkwood Mo  
(If outside city or town limits, write "RURAL")  
(d) Street No. 701 E. Mill St.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 11  
year 1941 hour 2 minute 40 A.M.  
21. I hereby certify that I attended the deceased from April 10  
1941 to April 11, 1941;  
that I last saw her alive on April 11, 1941;  
and that death occurred on the date and hour stated above.  
Immediate cause of death Uremia

Due to anuria  
Due to cardiac decompensation and renal insufficiency (acute)  
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?

While at work? \_\_\_\_\_ (Specify type of place) (d) Means of injury \_\_\_\_\_  
23. Signature Howard Michelson M. D. or other) MD  
Address Luzette Hospital, Kirkwood Date signed \_\_\_\_\_

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

4. Sex Female 5. Color or race W. 6. (a) Single, widowed, married, divorced W  
6. (b) Name of husband or wife Ray Daniel W. Walker 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Jan. 8 1861  
(Month) (Day) (Year)

8. AGE: Years 80 Months 3 Days 3 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_  
12. Name Mrs. G. R. Voorhes  
13. Birthplace Mercer County, Penn. (City, town, or county) (State or foreign country)  
14. Maiden name Suzanne Davis  
15. Birthplace Illinois (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Zoo Lutzle (Wife)  
(b) Address Jacksonville, Illinois

17. (a) Interred (b) Date thereof April 13/41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Highland Park

18. (a) Signature of funeral director W. H. Miller  
(b) Address Kirkwood, MO  
19. (a) May 15/41 (b) Spencer L. Freeman  
(Date received local registrar) (Registrar's signature)

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

RECEIVED

District Health Officer No. 10

District File Number 6-41-1171

Date Filed JUN 18 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.....

*DEERLEY*

Licensed Embalmer No. 4181

P. O. Address Kentville MD

**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.**