

No. 2
-11-10-39
5-17-39
-1 X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

32791

State File No. _____

Registrar's No. 60

FILLED OCT 24 1941
Registration District No. 862

Primary Registration District No. 6/35

1. PLACE OF DEATH:

(a) County Texas
(b) City or town Rural Burdine Twp
(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 2 days
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Texas 107
(c) City or town Rural
(d) Street No. Burdine Twp
(e) If foreign born, how long in U. S. A. ? _____ years.

8. (a) PRINT FULL NAME Joyce Elaine Walls

3. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept 5 1941
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
			<u>2</u>	hr. _____ min.

9. Birthplace Texas Co Uma
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Lloyd Walls

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

14. Maiden name Margaret Douglas

15. Birthplace Texas Co Uma
(City, town, or county) (State or foreign country)

16. (a) Informant Lloyd Walls
(b) Address cabool mo.

17. (a) Burial (b) Date thereof Sept 8 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation mt Pisgah cemetery - Sargent Sup.

18. (a) Signature of funeral director Raymond V. Elliott
(b) Address Cabool mo.

19. (a) Sept 7 (b) Mrs. Cloris Cunningham
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month sept day 7
year 1941 hour 1 minute P.M.

21. I hereby certify that I attended the deceased from 9-5, 1941, to 9-7, 1941, that I last saw her alive on 9-7, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Meningocele
Duration 2 days

Due to _____
Due to _____

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? _____

While at work? _____ (Specify type of place) (a) Means of injury 6

23. Signature C. Callihan (M. D. or other) _____
Address Willow Springs, Mo Date signed 9/8/41

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

7
0
0

RECEIVED

District Health Officer No. 5,
District File Number 10411988
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.....
....., 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, above space should be left blank.