

0. 2
13-40
17-39
X23159

FILED NOV 17 1941

Registration District No. 460

Primary Registration District No. 4274

Registrar's No. 50

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
4
2
1

1. PLACE OF DEATH:

(a) County Wagoner

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

(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 1 (Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Sharline Ruth Walters

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Oct 30 1941
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

6 hr. 0 min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name Clarence Walters

13. Birthplace East Mineral Kansas
(City, town, or county) (State or foreign country)

14. Maiden name Nadine Williamson

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

16. (a) Informant Clarence Walters

(b) Address Wagoner Mo

17. (a) _____ (b) Date thereof Oct 30 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cemetery

18. (a) Signature of funeral director A. M. Murrhagen

(b) Address Wagoner Mo

19. (a) Nov. 8-41 (b) T. J. J. Webb
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Wagoner

(c) City or town Wagoner
(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.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct 30 day 30
year 1941 hour 12:30 minute _____ M.

21. I hereby certify that I attended the deceased from October 30, 1941, to Oct 30, 1941;
that I last saw her alive on Oct 30, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Septicemia of Pregnancy Toxemia

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 16:18

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) no

(b) Date of occurrence none

(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)

(e) Means of injury _____

23. Signature Paul Moore (M. D. or other) MD

Address Wagoner Mo Date signed 11-1-41

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

11-13-41

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

C. D. Nemiroshagen

Licensed Embalmer No. 1095

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, fact should be so stated above.