

No. 2
1-4-41
17-39
X22890

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

37901

State File No. _____

FILED DEC 10 1941

5127

Registrar's No. 1138

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:
 (a) County Buchanan
 (b) City or town Rural Washington
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: R.F.D. #6 (Home)
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 30 years
(Specify whether years, months or days)
 In this community _____
years, months or days

3. (a) PRINT FULL NAME Bertha 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 Married
 6. (b) Name of husband or wife John 6. (c) Age of husband or wife if alive _____ years
61
 7. Birth date of deceased September 6, 1880
(Month) (Day) (Year)

8. AGE: Years 61 Months 2 Days 18
 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business Home

MOTHER { 12. Name Hiram Smith

13. Birthplace Unknown Iowa
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant John Walker (Husband)
 (b) Address Route # 6, St. Joseph, Mo.

17. (a) Burial (b) Date thereof 11-26-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washland

18. (a) Signature of funeral director John E. Cluff
 (b) Address 6054 Pryor Ave.

19. (a) Nov. 26, 1941 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Buchanan
 (c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
 (d) Street No. R.F.D. #6
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 24
 year 1941 hour 3:00 minute _____ P.M.

21. I hereby certify that I attended the deceased from November 13, 1941 to November 24, 1941
 that I last saw her alive on November 24, 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy Cerebral Duration 11 days

Due to _____

Due to _____

Other conditions 1
(Include pregnancy within 3 months of death)

Major findings: 830
 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)
 (e) Means of injury D

23. Signature [Signature] (M. D. or other) M. D.

Address 103 1/2 West Missouri Ave Date signed 11-25

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

85

(Licensed Embalmer's Statement on Reverse Side)

St. Joseph

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.....

Myself

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

John E. Rupp

Licensed Embalmer No. 3986
6054 Pryor,

P. O. Address St. Joseph, Missouri

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.