

FILED FEB 10 1942

Registration District No. _____ Primary Registration District No. 1001

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri Methodist Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Days
(Specify whether
In this community Lifetime (Specify whether
years, months or days)

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. 2217 S. 4th St.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Viola Faye Walters

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Oscar Allen Walters 6. (c) Age of husband or wife if alive 37 years
7. Birth date of deceased June 12, 1924
(Month) (Day) (Year)

8. AGE: Years 17 Months 6 Days 26 If less than one day
hr. _____ min. _____

9. Birthplace St. Joseph Missouri
(City, town, or county) (State or foreign country)
Housewife

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Louie R. Dancer
13. Birthplace Cottonwood Falls Kansas
(City, town, or county) (State or foreign country)
14. Maiden name Dollie Hayes
15. Birthplace Sallsbury Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Oscar A. Walters
(b) Address 2217 S. 4th St. St. Joseph, Mo.

17. (a) Burial (b) Date thereof Jan. 10, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Auburn Cemetery

18. (a) Signature of funeral director Herman W. Bidusfader
(b) Address 1802 Union Str. St. Joseph, Mo.

19. (a) Jan. 10, 1942 (b) Registrar's signature

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 8th
year 1942 hour 6 minute 30 P. M.

21. I hereby certify that I attended the deceased from Sep 4 1941 to Jan 8 1942
that I last saw her alive on Jan 8 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: Endocarditis (Septic) Duration 3 mo
Due to: Pneumonia 90 days

Due to: _____
Other conditions: Pregnancy - Dec 3 mo
(Include pregnancy within 3 months of death)

Major findings: Of operations: 1478
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 _____
23. Signature J. H. Altaman (M. D. or other) MD
Address 401 N. 2nd St. St. Joseph, Mo. Date signed 1/14/42

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

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.....

Robert C. Farrington

Licensed Embalmer No. 3258

P. O. Address St. Joseph, Mo.

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.