

Registration District No. _____

Primary Registration District No. 3008

Registrar's No. 15

1. PLACE OF DEATH: Calloway
(a) County _____
(b) City or town Fullon Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital no 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 mo. 12 day
(Specify whether _____)
In this community Perm
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 14
(a) State Mo (b) County Monroe 1
(c) City or town Madison 2
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location) 0
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Lulu V. Buchner
3. (b) If veteran, name war _____ 3. (c) Social Security No. OK

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 16
year 1942 hour 6 minute 10 P. M.

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Jan 5 1864
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec 5, 1941, to Jan 16, 1942, that I last saw her alive on Jan 16, 1942, and that death occurred on the date and hour stated above.

8. AGE: Years 78 Months 0 Days 11 If less than one day _____ hr. _____ min.

Immediate cause of death Chronic myocarditis
Due to Generalized arterio sclerosis

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

Due to Fracture of pelvis
Other conditions _____ (Include pregnancy within 3 months of death)

10. Usual occupation Housewife

Major findings: _____ Of operations _____ Of autopsy _____

11. Industry or business _____

MOTHER FATHER { 12. Name William Walker
13. Birthplace Pa. (State or foreign country)
14. Maiden name Hannah
15. Birthplace Pa Hannette Van Horn Walker (City, town, or county) (State or foreign country)

PHYSICIAN _____ Underline the cause to which death should be charged statistically.
1950/99

16. (a) Informant Rachel Buchner
(b) Address Madison Mo

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 16 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Madison Mo

(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? _____

18. (a) Signature of funeral director Michael and Son
(b) Address Moberly Mo

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

19. (a) 1-16-42 (Date received local registrar) (b) Joan M. M...hoff (Registrar's signature)

23. Signature Forrest Thomas (M. D. or other) H
Address State Hospital no 1 Date signed 1/16/42

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

14
1
2

1171

Fullon Mo

FEB 2 1942

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 Frank D. Hunt

Licensed Embalmer No. 3021

P. O. Address Moberly, 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.