

15326

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED MAY 20 1942

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 135

Primary Registration District No. 3034

Registrar's No. 82

1. PLACE OF DEATH:

(a) County RANDOLPH

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

(c) Name of hospital or institution: MC CORMICK'S HOSPITAL  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 DAYS  
(Specify whether years, months or days)

In this community 7 DAYS  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone

(c) City or town Columbia  
(If outside city or town limits, write "RURAL")

(d) Street No. 9 1/2 West Walnut  
(If rural, give location)

(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME BIRDIE WALKER

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April, day 11, year 1942 hour 4 minute 0 M.

21. I hereby certify that I attended the deceased from April 5<sup>th</sup>, 1942 to April 11, 1942 and that I last saw her alive on April 11, 1942 and that death occurred on the date and hour stated above.

4. Sex Female

5. Color or race Negro

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

6. (b) Name of husband or wife Arthur Walker

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

7. Birth date of deceased: JULY 1st 1904  
(Month) (Day) (Year)

Immediate cause of death peritonitis

Duration 5 ds

Due to Obstruction of bowels 10 ds

Due to adhesions

8. AGE: Years 37 Months 9 Days 10 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

9. Birthplace MADISON O MO.  
(City, town, or county) (State or foreign country)

10. Usual occupation DOMESTIC

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

122 f 2

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name DANIEL BURGESS

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

14. Maiden name unknown

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

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? \_\_\_\_\_

16. (a) Informant's own signature Reverline Walker

(b) Address Columbia Mo.

17. (a) Burial (b) Date thereof 4-14-1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Madison Mo.

18. (a) Signature of funeral director Stuart Parker

(b) Address Columbia Missouri

19. (a) Apr. 11-42 (b) Orma Havel  
(Date received local registrar) (Registrar's signature)

While at work \_\_\_\_\_ (Specify type of place)

(c) Means of injury \_\_\_\_\_

23. Signature G. L. McCormick (M. D. or other MD)

Address Moberly Date signed 4-11-42

1034

(Licensed Embalmer's Statement on Reverse Side)

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Rev. 5-17-39  
1 X 1931

RECEIVED

District Health Officer No. 10

District File Number 5-42-1754

Date Filed MAY 19 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 Stuart R. Parker

Licensed Embalmer No. 2900

P. O. Address Columbia 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, above space should be left blank.