

17629

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUN 10 1942

Registration District No. 120

Primary Registration District No. 5172

Registrar's No. 10

1. PLACE OF DEATH:

(a) County Camden

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

(c) Name of hospital or institution:
In town
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community about 4 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo

(b) County Camden

(c) City or town Marks Creek, Mo
(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. _____ years.

3. (a) PRINT FULL NAME Nettie Naoma Walters

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5th
year 1942 hour 7 minute 00 P. M.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Charles B Walters

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Dec 24 1881
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

8. AGE: Years 60 Months 4 Days 11 If less than one day _____ hr. _____ min.

Immediate cause of death Not known
Had no attending physician

Due to no cause
History leads to

Due to Coronary disease of heart
Thrombosis

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

Other conditions (Include pregnancy within 3 months of death) No inquest

10. Usual occupation Housekeeper

Major findings: Of operations

Of autopsy none

11. Industry or business own home

MOTHER FATHER { 12. Name William Rogers

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

14. Maiden name Julia Hagler

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

16. (a) Informant's own signature Gloretta Statton

22. If death was due to external causes, fill in the following:

(b) Address Marks Creek Mo

(a) Accident, suicide, or homicide (specify) _____

17. (a) Burial (b) Date thereof May 7 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(b) Date of occurrence _____

(c) Place: burial or cremation Marks Creek Cemetery

(c) Where did injury occur? _____ (City or town) (County) (State)

18. (a) Signature of funeral director Banks - Woolery

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(b) Address Camden Mo

While at work (Specify type of place) (a) Means of injury Coronary

19. (a) 5-14-1942 (b) Mrs. A. R. Jackson
(Date received local registrar) (Registrar's signature)

23. Signature Coronary Abbie Banks Woolery (M. D. or other) _____
Address Camden, Mo Date signed 5/17/42

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
Form 1 X19511

RECEIVED

District Health Officer No. 7,

District File Number La-42-596

Date Filed 6-9-42

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 Abhi B. Basken Woolery

Licensed Embalmer No. 2488

P. O. Address Camden, Md

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.