

Registration District No. 796 Primary Registration District No. 3038

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

1. PLACE OF DEATH:
(a) County Saline
(b) City or town Marshall
(c) Name of hospital or institution: none
(d) Length of stay: In hospital or institution life
In this community, years, mo: 1.5 or days

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County Saline 97
(c) City or town Marshall
(d) Street No. 469 west Warshington 2
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME Mayme Lee Walker
3. (b) If veteran, name war no 3. (c) Social Security No. no

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 8th year 1942 hour 12 minute 45 P.M.
21. I hereby certify that I attended the deceased from Feb 1942 to June 8th 1942 that I last saw her alive on July 8 1942 and that death occurred on the date and hour stated above.

5. Color or race Col 2 divorced Widower
6. (b) Name of husband or wife: none
6. (c) Age of husband or wife if alive: none years
7. Birth date of deceased Aug 23 1889 (Month) (Day) (Year)

Immediate cause of death: Interstitial Nephritis
Duration: Several months

8. AGE: Years 53 Months 8 Days 16 If less than one day hr. min.

Due to: Don't Know.
Due to:

9. Birthplace: Saline County Mo 0 (City, town, or county) (State or foreign country)
10. Usual occupation: House keeper

Other conditions: Anemia (Include pregnancy within 3 months of death) 2 mo.

11. Industry or business:
12. Name: Joe Harper
13. Birthplace: Virg. (City, town, or county) (State or foreign country)
14. Maiden name: Harriet Ilford (City, town, or county) (State or foreign country)
15. Birthplace: Mo 0 (City, town, or county) (State or foreign country)

PHYSICIAN: none 13/a
Major findings: Of operations: none
Of autopsy: none
Underline the cause to which death should be charged statistically.

16. (a) Informant: Frances Walker (b) Address: Marshall Mo
17. (a) Burial: (Burial, cremation, or removal) (b) Date thereof: June 11 42 (Month) (Day) (Year)
(c) Place: burial or cremation: Fairview Cem
18. (a) Signature of funeral director: Don Short (b) Address: Marshall Mo
19. (a) June 11 1942 (b) M. T. Owbathook (Registrar's signature)

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: 0
23. Signature: W. H. Madison (M. D. or other)
Address: Marshall, Mo. Date signed: 6-10-42

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 9-14-42

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 Don Short.....

Licensed Embalmer No. 3757.....

P. O. Address Marshall 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.