S. ...
M—5-42
-17-39
x128

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 38981

FILED NOV 18 1943

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 215

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

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: 201 Hagood St. 1 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none (Specify whether
In this community 88 years. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Randolph 88
(c) City or town Moberly (If outside city or town limits, write "RURAL") 3
(d) Street No. 201 Hagood Street (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME JOYCE EVELYN WALKER
3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Nathan Walker
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased April (Month) 16 (Day) 1855 (Year)

8. AGE: Years 88 Months 6 Days 8 If less than one day ... hr. ... min.

9. Birthplace Moberly (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Nathan Welch
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
MOTHER
14. Maiden name Julia Coates
15. Birthplace Kentucky (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Lucy Giddings
(b) Address 201 Hagood St. Moberly Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct (Month) 26 (Day) 43 (Year)
(c) Place: burial or cremation Moberly Mo.
18. (a) Signature of funeral director Snow Funeral Home
(b) Address Moberly Mo.
19. (a) 10-26-43 (Date received local registrar) (b) Irma Nave (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 24th year 1943 hour 11 minute 15 A.M.
21. I hereby certify that I attended the deceased from June 1, 1943 to Oct 24, 1943 that I last saw ~~as~~ alive on Oct 24, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Senility
Due to Fractured hip 3 mos bed
ac cystitis
Due to Chr Myocarditis
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

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) 12.7
(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? (Specify type of place)
While at work? (e) Means of injury
23. Signature H. C. Griffiths (M. D. or other)
Address Moberly Mo. Date signed 10/25/43

1086

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 11-43-1879
Date Filed NOV 16 1943

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 R. M. Cater

Licensed Embalmer No. 4117

P. O. Address Moberly Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

G. No. 2B
M—5-43
X36930

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. Dec.

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

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: _____ (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days) In this community 88 yr.

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

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

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Joyce E. Walker

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F | 5. Color or race W | 6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April (Month) 16 (Day) 1855 (Year)

8. AGE: Years 88 | Months 6 | Days 8 | If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

FATHER
12. Name _____
13. Birthplace _____ (City, town, or county) _____ (State or foreign country)

MOTHER
14. Maiden name _____
15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant _____
(b) Address _____

17. (a) _____ (Burial, cremation, or removal) (b) Date thereof _____ (Month) (Day) (Year)
(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____
(b) Address _____

19. (a) _____ (Date received local registrar) (b) _____ (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 24 year 1943 hour _____ minute _____ M.

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

Immediate cause of death Senility

Fractured hip 3 mo.

Due to ac. cystitis

Chronic myocarditis

Due to _____

Other conditions _____ (Include pregnancy within 3 months of death) 186a

Major findings:
Of operations _____
Of autopsy _____

Duration

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) accident June 10

(b) Date of occurrence _____

(c) Where did injury occur? at home Moberly Randolph Mo (City or town) (County) (State)

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

While at work? yes (e) Means of injury Fall on floor

23. Signature [illegible] MD (M. D. or other)

Address Moberly Mo Date signed 11-24-43

SUPPLEMENTARY

38981