

FILED MAR 13 1944

Primary Registration District No. 4255

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

1. PLACE OF DEATH:

(a) County Knox

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

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community Life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Knox

(c) City or town Edina
(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 Mary A. Walters

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, Widowed

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

7. Birth date of deceased May - 4 - 1860
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	83	7	27	_____ hr. _____ min.

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

10. Usual occupation Housekeeper

11. Industry or business _____

MOTHER FATHER { 12. Name Samuel Barnhill

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

14. Maiden name Bell Thompson

15. Birthplace uk Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant W. C. Walters
(b) Address La Belle, Mo.

17. (a) burial (b) Date thereof Jan-5-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Linville, Edina, Mo.

18. (a) Signature of funeral director Keith Hudson
(b) Address Edina, Missouri

19. (a) Jan 5 - 44 (b) W. H. Northrup
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 1 year 1944 hour 10 minute 15 P. M.

21. I hereby certify that I attended the deceased from Nov 1 1944 to Jan 1 1944
that I last saw her alive on Jan 1 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Pericarditis Duration 6 mo.

Due to _____

Due to _____

Other conditions Spondylitis Deformans
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy 90 lb

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) _____

(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 J. B. Breakfield (M. D. or other) D.O.
Address Edina, Mo. Date signed 1/5/44

RECEIVED

District Health Officer No. 10

District File Number 3-44-645

Date Filed MAR 14 1944

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 Keith Hudson

Licensed Embalmer No. 2415

P. O. Address Edina, Minn.

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.