V. S. No. 2
DM—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 16 1945

Registration District No. 15

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5073

State File No. 8931

Registrar's No. 7

1. PLACE OF DEATH:

(a) County: Barton

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

(c) Name of hospital or institution: 10½ miles S.W. Lamar, Mo.
(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: about 60 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Barton

(c) City or town: Northfork Twp
(If outside city or town limits, write "RURAL")

(d) Street No.: 10½ miles S.W. Lamar, Mo.
(If rural, give location)

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

If yes, name country: ____

3. (a) PRINT FULL NAME: Rosetta Prine Walden

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: William M. Walden

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

7. Birth date of deceased: December (Month) 3, (Day) 1866 (Year)

8. AGE:

Years	Months	Days	If less than one day
79	2	15	____ hr. ____ min.

9. Birthplace: Brown County Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation: housewife

11. Industry or business: home

FATHER
12. Name: Keneth Prine
13. Birthplace: ? (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Mary Hubler
15. Birthplace: ? (City, town, or county) (State or foreign country)

16. (a) Informant: Mr. Denham G. Prine
(b) Address: Jasper, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2-20-45 (Month) (Day) (Year)
(c) Place: burial or cremation: Oakton Cemetery

18. (a) Signature of funeral director: Gibson Funeral Home
(b) Address: Lamar, Missouri

19. (a) 2-20-45 (Date received local registrar) (b) Martha River (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day eighteenth year 1945 hour eight minute 05 p M.

21. I hereby certify that I attended the deceased from Feb. 17th, 1945, to Feb. 18th, 1945, that I last saw her alive on Feb. 18th, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death: Lobular Pneumonia — Duration

Due to: ____

Due to: ____

Other conditions: ____
(Include pregnancy within 3 months of death)

Major findings:
Of operations: ____

Of autopsy: ____

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: Dr. J. Darwin Magee (M. D. or other) DO

Address: Jasper, Mo. Date signed 2/20/45

1179

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 345-256
Date Filed MAR 13 1945

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 E. C. Gibson

Licensed Embalmer No. 4137

P. O. Address 1201 Bdwy. Lamar, 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.