S. No. 2
M—8-43
5-17-39
P I X37823

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

42708

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 5 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 353 Primary Registration District No. 6196 Registrar's No. 24

1. PLACE OF DEATH:

(a) County Texas

(b) City or town Rural Sherrell twp (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

In this community 3 Months years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Texas 107

(c) City or town Rural (If outside city or town limits, write "RURAL") 0

(d) Street No. 12 Mi S W of Licking 0 (If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Merrial Joy Walberg

3. (b) If veteran, name war ✓

3. (c) Social Security No.

4. Sex F 1

5. Color or race W

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

6. (b) Name of husband or wife ✓

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

7. Birth date of deceased Sept (Month) 9 (Day) 1925 (Year)

8. AGE:

Years	Months	Days	If less than one day
20	1	24	hr. min.

9. Birthplace Mina (City, town, or county) S.D. (State or foreign country) 1

10. Usual occupation Lived with her Parents

11. Industry or business

FATHER
12. Name Alfred S. Walberg
13. Birthplace Spring Valley (City, town, or county) Wis. (State or foreign country) 1

MOTHER
14. Maiden name Nora B. Bradley
15. Birthplace Clayton (City, town, or county) N.M. (State or foreign country) 1

16. (a) Informant Alfred S. Walberg

(b) Address Licking Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-7-45 (Month) (Day) (Year)

(c) Place: burial or cremation Boone Creek Cem

18. (a) Signature of funeral director Smith & Ferguson

(b) Address Licking Mo

19. (a) 11/13/45 (Date received local registrar) (b) Mrs. Elnora Hesse (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Nov day 3 year 1945 hour 5 minute 30 P.M.

21. I hereby certify that I attended the deceased from attended as Corner after death, 19 ; that I last saw h ✓ alive on ✓, 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Concussion of Brain	
Due to truck wreck	
Due to thrown from truck	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

1900 28

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.

(b) Date of occurrence 11/3/45

(c) Where did injury occur? Highway (City or town) (County) 107 (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 E. B. Homan (M. D. or other) Corner

Address Houston, Mo. Date signed

15 x 3

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5,
District File Number 14611
Date Filed 1-2-46

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 Eubert E Ferguson

Licensed Embalmer No. 3945

P. O. Address Licking 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.