

No. 2
1-2-43
7-30
35697

State File No. _____

Registrar's No. 59

FILED 1946

Primary Registration District No. 5983

1. PLACE OF DEATH:

(a) County Pulaski
(b) City or town Rural (Cullen Township)
(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 10 Years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pulaski 85
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Annie Lee Walker

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

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

7. Birth date of deceased Feb. 12, 1864
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>82</u>	<u>3</u>	<u>25</u>	hr. _____ min. _____

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

10. Usual occupation House wife

11. Industry or business _____

12. Name Whitfield Reynolds

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

14. Maiden name Lemond Turley

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

16. (a) Informant Mrs. Tillman Decker

(b) Address Winnipeg, Mo.

17. (a) Burial (b) Date thereof 6/9/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Macedonia Cem.

18. (a) Signature of funeral director J. L. Hoops & Sons.

(b) Address Crocker, Mo.

19. (a) 6/25/46 (b) James S. McClintock
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 7th
year 1946 hour 11 minute 15 P. M.

21. I hereby certify that I attended the deceased from May
_____ 1946 to June 7 1946
that I last saw her alive on June 7 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic pneumonia
Duration 4 days

Due to Pulmonary Congestion

Due to Cardio-renal insufficiency due to old age

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

Major findings: _____
Of operations _____
Of autopsy _____
13/0

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? _____

While at work? _____ (Specify type of place) (e) Means of injury 2

Signature L. S. Hoops (M. D. or other) Dr.
Address Richland Mo. Date signed 6/18/46

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

MOTHER FATHER

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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..... *Paul B Hoops*

Licensed Embalmer No..... *3261*

P. O. Address..... *Procter, Me.*

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.