

No. 2  
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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED DEC 24 1946**

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41606

State File No. ....

Registration District No. 275 Primary Registration District No. 3053 Registrar's No. 154

1. PLACE OF DEATH:  
(a) County Phelps  
(b) City or town Rolla  
(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 Safe \_\_\_\_\_ (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County Phelps  
(c) City or town Rolla  
(d) Street No. 110 Mo. Walker  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME SARAH P. WALLS  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Dec. day 15  
year 1946 hour 7 minute 30 A.M.  
21. I hereby certify that I attended the deceased from Sept 1, 1946 to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw h. or alive on Nov 15, 1946;  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race Wh  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Willard W. Walls 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Mar. 7 1896  
(Month) (Day) (Year)

Immediate cause of death coronary occlusion  
Duration 1 wk.

8. AGE: Years 70 Months 9 Days 8  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

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

Other conditions malnutrition  
(Include pregnancy within 3 months of death) yes

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_  
12. Name James Duffey  
13. Birthplace Phelps Co. Mo  
(City, town, or county) (State or foreign country)  
14. Maiden name Winnona Pandy  
15. Birthplace S. Car.  
(City, town, or county) (State or foreign country)

Major findings: 94A  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant W. W. Walls  
(b) Address 110 Mo Walker - Rolla

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?

17. (a) Burial (b) Date thereof 12-18-1946  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Macedonia Cem

18. (a) Signature of funeral director Willard W. Walls  
(b) Address Rolla Mo.  
19. (a) 12-19-46 (b) Nadine L. Stoeck  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_  
23. Signature E. E. Fand (M. D. or other) 0  
Address Rolla Mo. Date signed 12-17-46

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

40415

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 me

working under my personal supervision.

Signed

S. B. [Signature]

Registered Apprentice No. \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

3397

P. O. Address \_\_\_\_\_

Roller [Signature]

**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.**