

S. No. 2
OM-5-43
v. 5-17-39
I X36671

12611

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 24 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 162

Registration District No. 43 Primary Registration District No. 3007

1. PLACE OF DEATH:
(a) County Butler
(b) City or town Poplar Bluff
(c) Name of hospital or institution Lucy Lee Hospital
(d) Length of stay: In hospital or institution 25 days
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Dunklin 35
(c) City or town Malden R. 1 0
(d) Street No. _____
(e) Citizen of foreign country? no (Yes or No) 1
If yes, name country _____

3. (a) PRINT FULL NAME Laura Walker
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 10
year 1947 hour _____ minute 2:00 p.M.
21. I hereby certify that I attended the deceased from
March 16 1947, to April 10 1947;
and that death occurred on the date and hour stated above.

4. Sex female 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Carl Walker
6. (c) Age of husband or wife if alive 24 years
7. Birth date of deceased July 6 1927
(Month) (Day) (Year)

Immediate cause of death
Pneumonia
2nd & 3rd degree
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

8. AGE: Years 19 Months 9 Days 4
If less than one day _____ hr. _____ min.

Major findings: Of operations 181-1
Of autopsy 15
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

9. Birthplace Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife

MOTHER FATHER
11. Industry or business _____
12. Name Dan Lacemell
13. Birthplace Arkansas
14. Maiden name Virgie Neal
15. Birthplace Tennessee

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident 35
(b) Date of occurrence March 15, 1947
(c) Where did injury occur? Malden Dunklin Mo.
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home
While at work? no (Specify type of place) (e) Means of injury Poison
23. Signature _____ (M. D. or other) _____
Address _____ Date signed 4-13-47

16. (a) Informant Carl Walker
(b) Address Malden, Mo. R. 1
17. (a) Burial (b) Date thereof 4-12-47
(c) Place: burial or cremation Stanfield
18. (a) Signature of funeral director Landree Funeral Home
(b) Address Campbell Mo.
19. (a) 4/16/47 (b) R. H. Minette
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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

2
7
3

RECEIVED
District Health Office No.
District File Number 447-61
Date Filed 4-22-47

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 Christina M. Landess

Licensed Embalmer No. 4227

P. O. Address Campbell, 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.