

No. 2
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17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 9 1947
128

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
2000

State File No. **17182**
Registrar's No. **413**

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH: **GREENE**
(a) County **Springfield**
(b) City or town **Springfield**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Burge Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 day.**
(Specify whether _____)

In this community _____ years, months or days
3. (a) PRINT FULL NAME **Carroll Sue Walters.**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **f.** 5. Color of race **WHITE** 6. (a) Single, widowed, married, divorced **divorced**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **Sept 22 1946**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
7 25 hr. min.

9. Birthplace **Pleasant Hope Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Child**

11. Industry or business _____

MOTHER FATHER { 12. Name **Roy E. Walters A**

13. Birthplace **Greene Co. Mo.**
(City, town, or county) (State or foreign country)

14. Maiden name **Anna Check**

15. Birthplace **Greene Co. Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Marquette Walter (Aunt)**

(b) Address **R.R. #1 - City**

17. (a) **Removal** (b) Date thereof **May 17, 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **near Pleasant Hope**

18. (a) Signature of funeral director **William P. Cowan**

(b) Address **Pleasant Hope, Mo.**

19. (a) **5-17-47** (b) **W. E. Handley MD**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo.** (b) County **Polk 84**
(c) City or town **Pleasant Hope - Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. **Southeast of Pleasant Hope**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **Norve**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **May** day **17**
year **1947** hour **4** minute **40** a. m.
21. I hereby certify that I attended the deceased from **5-16**, 1947, to **5-17**, 1947
that I last saw h. **alive** on **5-16**, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death **Bacterial pneumonia** Duration **2 d**
Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations **107**
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? _____

While at work? _____ (Specify type of place) (c) Means of injury **0**

23. Signature **W. E. Handley** (M. D. or other) _____
Address **Springfield, Mo.** Date signed **5-17-47**

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

Dr. Busick.

(Licensed Embalmer's Statement on Reverse Side)

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 Walter B. Edwin

Licensed Embalmer No. 3092

P. O. Address Bolivar, 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.