

S. No. 2
M-2.43
v. 5-17-39
X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20013

State File No.

FILED JUL 9 1947

Registration District No. ...

Primary Registration District No. 3000

Registrar's No. 181

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

1. PLACE OF DEATH:

(a) County Adair
(b) City or town Kirkville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: K. C. O. S. Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 days
(Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Schuyler 98
(c) City or town Greentop 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME Della Louetta Walker

3. (b) If veteran, name war 3. (c) Social Security No. None

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive, years

7. Birth date of deceased November 18 1867
(Month) (Day) (Year)

8. AGE: Years 79 Months 7 Days 5 If less than one day hr. min.

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

10. Usual occupation Home

11. Industry or business

MOTHER FATHER { 12. Name Abner Gardner
13. Birthplace Unknown Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Eliza Heavlin
15. Birthplace Unknown Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Etta Maize
(b) Address Kirkville, Mo.

17. (a) Burial (b) Date thereof 6/26/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greentop, Missouri

18. (a) Signature of funeral director J. E. E. Kelly
(b) Address Kirkville, Missouri

19. (a) 6-30-47 (b) Kate Lambert
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24
year 1947 hour 3:00 minute A: M.

21. I hereby certify that I attended the deceased from June 17, 1947 to June 24, 1947
that I last saw her alive on June 24, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic hepatitis Duration 2 years

Due to Uremic poisoning

Due to Anuria

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 131B 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) (e) Means of injury 2

23. Signature Duncan Oliphant (M. D. or other) DO
Address Kirkville, Mo. Date signed 6/24/47

RECEIVED
District Health Officer No. 10
JUL - 7 1947
Miss Riley

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.....
Kenneth Slavens....., Registered Apprentice No. 418.....
working under my personal supervision.

Signed.....*L E E Riley*.....
Licensed Embalmer No. 4181.....
P. O. Address. Kirksville, 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.