S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 1 8 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20061

Registration District No. 8 Primary Registration District No. 5034 Registrar's No. 25

1. PLACE OF DEATH:
(a) County AUDRAIN.
(b) City or town WELLSVILLE, MO. R.F.D. (RURAL)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: QUIVER-TOWNSHIP.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 31 YRS.

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County AUDRAIN
(c) City or town (RURAL) WELLSVILLE, MO. R.F.D.
(If outside city or town limits, write "RURAL")
(d) Street No. 10 MI-S.E. OF LADDONIA-MO
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME EVA-WALLER.
3. (b) If veteran, name war
3. (c) Social Security No. NONE.
4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife GEORGE-L-WALLER
6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased MARCH-12-1879. (Month) (Day) (Year)
8. AGE: Years 68 Months 3 Days 4 If less than one day hr. min.
9. Birthplace MACON, CO (City, town, or county) MO. (State or foreign country)
10. Usual occupation HOUSEWIFE.
11. Industry or business HOME.
MOTHER FATHER
12. Name WILLIAM-GOODRICH.
13. Birthplace MACON, CO (City, town, or county) MO. (State or foreign country)
14. Maiden name MARY-EUBANKS.
15. Birthplace MACON, CO. (City, town, or county) MO. (State or foreign country)
16. (a) Informant George L. Waller.
(b) Address WELLSVILLE-MO. R.F.D.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JUNE-18-1947 (Month) (Day) (Year)
(c) Place: burial or cremation LADDONIA-MO.
18. (c) Signature of funeral director Clyde L. Willey
(b) Address LADDONIA-MO.
19. (a) JUN 18 1947 (Date received local registrar) (b) Martha Tenner (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 16 year 1947 hour 5:30 minute P. M.
21. I hereby certify that I attended the deceased from APR. 28, 1947 to JUNE 10 1947 that I last saw her alive on JUNE 10- 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Thrombosis	6 WK
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations N/A
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature [illegible] (M. D. or other) D.O.
Address LADDONIA-MO Date signed 6/17/47.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 6-47-296
Date Filed JUN 25 1947

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 John F. Ellis, Registered Apprentice No. 494, working under my personal supervision.

Signed Clyde Wesley

Licensed Embalmer No. 3820

P. O. Address Perry Ga.

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.