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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 7 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21647

State File No.

Registration District No. 209

Primary Registration District No. 5766

Registrar's No. 244

1. PLACE OF DEATH:

(a) County Marion
(b) City or town Hannibal
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Residence, R.R. 1, Withers Mill
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion
(c) City or town Hannibal
(If outside city or town limits, write "RURAL")
(d) Street No. Withers Mill R R # 1
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Margaret Johnson Walkley

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife James Wm. Walkley 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased October 20, 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 8 3 hr. min.

9. Birthplace Hope County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation XX

11. Industry or business XX

12. Name Henry Johnson

13. Birthplace Georgia
(City, town, or county) (State or foreign country)

14. Maiden name Almedia Creekmore

15. Birthplace Georgia
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Fred Boss

(b) Address Withers Mill, R R # 1 Hannibal

17. (a) Burial (b) Date thereof 6/25/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bowling Green Missouri

18. (a) Signature of funeral director Dr. E. M. Lueke
(b) Address 902 Broadway Hannibal Missouri

19. (a) 6-25-47 (b) Dr. E. M. Lueke
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23
year 1947 hour 7 minute 00 A. M.

21. I hereby certify that I attended the deceased from July 23 1947 to July 23 1947
that I last saw him or her alive on July 23 1947
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Dropsey - and associated conditions

Due to Heart - Cardiac involvement

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(c) 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 _____

23. Signature J. H. Stuckman M. D. or other P.O.
Address Polynna, Mo Date signed 6/25/47

Duration for 2 years
of actual life
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

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 *H. Crawford Smith*

Licensed Embalmer No. 3814

P. O. Address Hannibal Missouri

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.