S. No. 2
DM—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 6 1947

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30956

Registration District No. 128 | Primary Registration District No. 2000 | Registrar's No. 797

1. PLACE OF DEATH:
(a) County: Greene
(b) City or town: Springfield (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 823 W. Lynn / (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: 3 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Greene 27
(c) City or town: Springfield (If outside city or town limits, write "RURAL") 2
(d) Street No.: 823 W. Lynn (If rural, give location) 6
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country:

3. (a) PRINT FULL NAME: Annie Maie Walters
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: Female /
5. Color or race: W
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: John B. Walters
6. (c) Age of husband or wife if alive: dec. years
7. Birth date of deceased: February (Month) 23 (Day) 1883 (Year)
8. AGE: Years 64 | Months 6 | Days 16 | If less than one day ..... hr. ..... min.
9. Birthplace: Devalls Bluff (City, town, or county) Arkansas / (State or foreign country)
10. Usual occupation: Retired Housewife
11. Industry or business:
12. FATHER Name: Louis Chaudet
13. Birthplace: Birmingham (City, town, or county) Kentucky / (State or foreign country)
14. MOTHER Maiden name: Norah Unknown Scales
15. Birthplace: ? (City, town, or county) ? (State or foreign country) 9
16. (a) Informant: Mrs. Annetta McCann
(b) Address: Springfield, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9/11/47 (Month) (Day) (Year)
(c) Place: burial or cremation: Maple Park Cemetery
18. (a) Signature of funeral director: Borman-Scharpf Funeral Home
(b) Address: 525 S. National
19. (a) 9-11-47 (Date received local registrar) W E Hand (Registrar's signature)

Corr. Oct. 2, 1947 Walter Hall

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Sept. day: 9 year: 1947 hour: 2:00 minute: A. M.
21. I hereby certify that I attended the deceased from August 27, 1947, to Sept. 9, 1947, that I last saw him alive on September 8, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary Tuberculosis — Duration: SEVERAL YEARS
Due to:
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations: 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: 0 ✓
23. Signature: Glenn O. Turner (M. D. or other)
Address: Med. Arts Bldg. Sprfd. Date signed: 9/12/47

(Licensed Embalmer's Statement on Reverse Side)

NOV 5 1947

OCT 10 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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed L Dwolin Forman

Licensed Embalmer No. 3177

P. O. Address Springfield 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.

State of Missouri } ss.
County of Green }

STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No. 30956

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 797

On this 21st day of October, 1947, before me appears Annetta Chandet McCann, who, upon her oath, states that the original record of ~~birth~~ death for Annie Mae Walters, ~~born~~ died Sept 9, 1947, in the State of Missouri, and which was filed at ..... on ....., 1947, should be corrected as follows:

Item No. 14 should read Norah Scales

Instead of Unknown

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Annetta Chandet McCann (Cousin)
Relationship.

1410 N. Broadway - Springfield, Mo.
Present Address.

Subscribed and sworn to before me this 21st day of October, 1947.

My Commission expires Dec 5, 1948 Lewis Eckhoff Notary Public.

ENCLOSED
OCT 27 1947

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Form V. S. 135
10M-8-42
I X33820

S-30956