No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 25 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38582

State File No.

Registration District No. 146 Primary Registration District No. 5568 Registrar's No. 324

1. PLACE OF DEATH:
(a) County JACKSON
(b) City or town KANSAS CITY
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 126 No CRESENT 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 2 WKS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County St Clair Co
(c) City or town Appleton City 93
(If outside city or town limits, write "RURAL")
(d) Street No. 1
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME MRS MARY E. WALKER
3. (b) If veteran, name war —
3. (c) Social Security No. no
4. Sex F 1
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 Dec years
7. Birth date of deceased MARCH (Month) 25 (Day) 1869 (Year)

8. AGE: Years 78 Months 8 Days 5 If less than one day hr. min.

9. Birthplace COOPER CO (City, town, or county) Mo (State or foreign country)
10. Usual occupation HOUSEWIFE
11. Industry or business HOME
FATHER
12. Name Wm GUTERMAN 4
13. Birthplace (City, town, or county) GERMANY (State or foreign country)
MOTHER
14. Maiden name KATHERINE DIEHL 4
15. Birthplace (City, town, or county) GERMANY (State or foreign country)
16. (a) Informant Mrs Laverne Owens
(b) Address Appleton City Mo
17. (a) ~~Burial~~ Removal (Burial, cremation, or removal) (b) Date thereof 11-2-47 (Month) (Day) (Year)
(c) Place: burial or cremation Stone Chapel Cemetery Mo
18. (a) Signature of funeral director J. P. Sheil
(b) Address Rouse City Mo
19. (a) 11-2-47 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 31 year 1947 hour minute M.
21. I hereby certify that I attended the deceased from 1, 19, to, 19; that I last saw h alive on, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Sclerosis
Due to
Due to 94A
Other conditions (Include pregnancy within 3 months of death) Deputy Coroner
Major findings: Of operations
Of autopsy History & Inspection

Duration

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 A E Apsher (M. D. or other) Mo
Address 2800 Main Date signed 10/31/47

(Licensed Embalmer's Statement on Reverse Side)

DEC 31 1944

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 Charles E. Mayfield, Registered Apprentice No. 18, working under my personal supervision.

Signed J. P. Sheil

Licensed Embalmer No. 3625

P. O. Address Kc 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.