

S. No. 2
OM-5-43
v. 5-17-39
X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 13 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 705
Registrar's No. 1

Registration District No. 1.05 Primary Registration District No. 5419

1. PLACE OF DEATH:
(a) County Bunklin
(b) City or town Clarkton
(c) Name of hospital or institution: Home
(If not in hospital or institution, write "RURAL" and name of township)
(d) Length of stay: In hospital or institution _____ (Specify whether
in this community Life years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Bunklin
(c) City or town Clarkton
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Dona Waltrip
3. (b) If veteran, name war _____
3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month January day 17 year 1948 hour _____ minute 8:30 P.M.
21. I hereby certify that I attended the deceased from 12 Jan 48 to 17 Jan 48,
that I last saw her ER alive on 17 Jan and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race white
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Jim Waltrip
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: August 6 1885
(Month) (Day) (Year)

Immediate cause of death Cardiac Decompensation, Acute Duration 2 1/2 hr.
Due to Arteriosclerotic Heart Disease 10 years
Due to Influenza 3 days
Other conditions _____ (Include pregnancy within 3 months of death)

8. AGE: Years 72 Months 5 Days 11 If less than one day _____ hr. _____ min.
9. Birthplace Clarkton Missouri
(City, town, or county) (State or foreign country)

Major findings: Of operations _____
Of autopsy 328
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

11. Industry or business _____
12. Name John Thompson
13. Birthplace unknown Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Algood
15. Birthplace unknown Kentucky
(City, town, or county) (State or foreign country)
16. (a) Informant Robert Waltrip
(b) Address Clarkton Missouri
17. (a) Burial (b) Date thereof 1-20-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Stanfield
18. (a) Signature of funeral director Lester Funeral Home
(b) Address Camphers, Missouri
19. (a) 1-27-48 (b) Freda Key
(Date received local registrar) (Registrar's signature)

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) Means of injury _____
23. Signature Charles Williams (M. D. or other) MD
Address Malden, Mo Date signed 18 Jan 48

RECEIVED

District Health Office No. 2,

District File Number 248-207

Date Filed 2-12-48

NOV 9 1953

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..... *Christina M. Landess*

Licensed Embalmer No. 4227

P. O. Address Campbell, 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.