

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 29 1948

Registration District No. 277

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3045

State File No. _____

Registrar's No. 28

113408

1. PLACE OF DEATH:

(a) County Mississippi
(b) City or town Charleston
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
716 Grand Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
in this community 25 years years, months or days)

3. (a) PRINT FULL NAME Martha Walker

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

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

6. (b) Name of husband or wife Ephraim Walker 6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased June 20, 1901
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
46 9 18 hr. min.

9. Birthplace (Unknown) Mississippi
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Eugene Robertson

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. Ardell Straughter

(b) Address 716 Grand, Charleston, Mo.

17. (a) Burial (b) Date there April 11, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director F. C. Sparks
(b) Address Charleston, Mo.

19. (a) 4-18-48 Mrs. John Bonduant
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mississippi
Charleston
(c) City or town _____
(If outside city or town limits, write "RURAL")
(d) Street No. 716 Grand Ave
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 7
year 1948 hour 12:05 minute P. M.

21. I hereby certify that I attended the deceased from March 21 48 to Apr 7 48
that I last saw her alive on Apr 16
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Cerebral hemorrhage Duration 17 da

Due to Hypertension D.K.

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

Major findings:
Of operations none

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? _____

While at work _____ (Specify type of place) (e) Means of injury _____

23. Signature E. C. Ralving (M. D. or other) _____
Address Charleston Mo

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

MOTHER FATHER

RECEIVED
District Health Office No. 2,
District File Number 448-543
Date Filed 4-26-48

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 Frank Sparks
Licensed Embalmer No. 3455
P. O. Address Capt. Guardaw mi

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.