

S. No. 304
M-10-47
v. 5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

UNITED STATES OF AMERICA
STANDARD CERTIFICATE OF DEATH

State File No. 29576

FILED OCT 5 1948
Registration District No. 37

Primary Registration District No. 3023

Registrar's No. 204

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

1. PLACE OF DEATH:

(a) County Henry

(b) City or town Clinton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution 112 East Clinton St 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 25 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry 42

(c) City or town Clinton 2
(If outside city or town limits, write "RURAL")

(d) Street No. 112 East Clinton St 0
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MARY ELIZABETH WALTERS

3. (b) If veteran, name war none

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 2
year 1948 hour 1 minute 30 A.M.

21. I hereby certify that I attended the deceased from MAY, 1948, to OCT. 2, 1948;
that I last saw her alive on OCT. 1, 1948;
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 widow

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

7. Birth date of deceased May 1 - 1864
(Month) (Day) (Year)

Immediate cause of death MYOCARDITIS Duration _____

8. AGE: Years 84 Months 5 Days 1 If less than one day _____ hr. _____ min.

9. Birthplace Hartford Mo D
(City, town, or county) (State or foreign country)

10. Usual occupation Home maker

Due to HYPERTENSIVE HEART DISEASE

Due to _____

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

11. Industry or business _____

12. Name Dr. Thomas H. Mass

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

14. Maiden name Tipporah Woodward

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

Major findings: Of operations 432

Of autopsy NONE

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Calvin Kent

(b) Address Clinton Mo

17. (a) Burial (b) Date thereof 10-3-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Englewood Cem

18. (e) Signature of funeral director Orshut Beck

(b) Address Clinton Mo

19. (c) 10-2-48 (b) R. R. Kenney
(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) (e) Means of injury G

23. Signature Hugh B. Walker (M. D. or other) MD
Address Clinton, Mo. Date signed 2 Oct 1948

RECEIVED

District Health Officer No: 71

District File Number 9-48-1137

Date Filed 10-8-88

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 R. R. Kenney

Licensed Embalmer No. 3099

P. O. Address Clinton 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.