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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 25 1948

Registration District No. 128

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2000

State File No. 32641

Registrar's No. 904

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: 2532 N. Howard
(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: Most of life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Greene 39
(c) City or town: Springfield
(If outside city or town limits, write "RURAL")
(d) Street No.: 2532 N. Howard
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Stella Jane Walker
3. (b) If veteran, name war: No
3. (c) Social Security No.: No
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Fred C. Walker
6. (c) Age of husband or wife if alive: 65 years
7. Birth date of deceased: November (Month) 20 (Day) 1883 (Year)
8. AGE: Years 64 Months 10 Days 26 If less than one day ___ hr. ___ min.
9. Birthplace: Webster County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business: Housewife
FATHER
12. Name: John Jinks
13. Birthplace: Kentucky (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Jane Decker
15. Birthplace: Webster County (City, town, or county) Missouri (State or foreign country)
16. (a) Informant: Fred C. Walker (Husband).
(b) Address: Springfield, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10-19-1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Brookline Cemetery
18. (a) Signature of funeral director: J.W. Klingner & Co.
(b) Address: Springfield, Missouri
19. (a) 10-19-48 (Date received local registrar) (b) M Handley MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 16 year 1948 hour 9 minute 15 P.M.
21. I hereby certify that I attended the deceased from February 1948 to October 1948 that I last saw her alive on October 16, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocardial insufficiency	8 mo.
Due to: Severe generalized arteriosclerosis	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy: 97	

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: J. W. Klingner (M. D. or other) M.D.
Address: 1630 N. Jefferson Date signed: 10-18-48

(Licensed Embalmer's Statement on Reverse Side)

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 Max Rhodes

Licensed Embalmer No. 407

P. O. Address Springfield

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.