No. 300
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FILED MAR 3 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5861

BIRTH NO. _____ REG. DIST. NO. 911 PRIMARY REG. DIST. NO. 6052 Registrar's No. 6

1. PLACE OF DEATH
a. COUNTY: St Clair
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural. Appleton City
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): at the Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: St Clair
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 7 Mi. South Appleton City
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Erma
b. (Middle): Anne
c. (Last): Walker

4. DATE OF DEATH (Month) (Day) (Year): FEB. 21 1949

5. SEX: Fem
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Mar 20th 1898
9. AGE (In years last birthday): 50 — If under 1 year: Months: 11 Days: 1 — If under 24 hrs.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeping
10b. KIND OF BUSINESS OR INDUSTRY: ✓
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: James Green Price
13b. MOTHER'S MAIDEN NAME: Henrietta Bolwig
14. NAME OF HUSBAND OR WIFE: Charles Walker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: no
17. INFORMANT'S SIGNATURE OR NAME: Charles Walker — **ADDRESS**: Appleton City Mo

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) (SUICIDE)

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): SUICIDE
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): FARM-HOME
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): APPLETON TWP., ST. CLAIR, MO.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): FEB. 21, 1949 6:30 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: HANGING.

22. *I hereby certify that I attended the deceased from* Jan. 19, 1949, *to* Feb. 21, 1949, *that I last saw the deceased alive on* Feb. 18, 1949, *and that death occurred at* 6:30 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M. A. Bierka, D.O.
23b. ADDRESS: Rockville, Mo.
23c. DATE SIGNED: 2/23/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: FEB. 24. 1949
24c. NAME OF CEMETERY OR CREMATORY: Myres Cem
24d. LOCATION (City, town, or county) (State): 5 m. South West Appleton City Mo

DATE REC'D BY LOCAL REG.: Feb. 24-49
REGISTRAR'S SIGNATURE: Mrs. Cleo Abney 285
25. FUNERAL DIRECTOR'S SIGNATURE: Frank Lee — **ADDRESS**: Appleton City. Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 7
District File Number 2-49-15
Date Filed 3-1-49

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 me or the 21st day of Feb- 1949 Student Embalmer No. ....., working under my personal supervision.

Student ..... Student Embalmer

Signed Frank Lee

Licensed Embalmer No. 1099

P. O. Address Appleton City 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.