

FILED APR 23 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 12753

1693

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Nebraska</b>				b. COUNTY <b>Crete</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. LENGTH OF STAY (in this place) <b>about 1 year</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Crete</b>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>6008 Charlotte St.</b>				d. STREET ADDRESS (If rural, give location) <b>R.R.#</b>					
3. NAME OF DECEASED (Type or Print) <b>Miss Esther T. Walklin</b>			a. (First)		b. (Middle)		c. (Last)		
4. DATE OF DEATH <b>April 16, 1949</b>									
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>August 20, 1895</b>		9. AGE (In years last birthday) <b>52</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 HR. Hour	IF UNDER 15 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Schoolteacher</b>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Cortland, Neb.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>		
13a. FATHER'S NAME <b>John Walklin</b>			13b. MOTHER'S MAIDEN NAME <b>Lorena McNamara</b>			14. NAME OF HUSBAND OR WIFE <b>-----</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>--</b>		16. SOCIAL SECURITY NO. <b>--</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs H.R. Lamborn 6008 Charlotte</b>					
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) <b>Hodgkins Disease</b> 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. <b>Secondary Anemia</b>						INTERVAL BETWEEN ONSET AND DEATH <b>about 1 yr.</b>  <b>about 5 m.</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <b>Dec. 2, 1948</b> , to <b>April 16, 1949</b> , that I last saw the deceased alive on <b>April 1, 1949</b> , and that death occurred at <b>8 1/2 Am.</b> , from the causes and on the date stated above.									
23a. SIGNATURE <b>Rial R. Ogilvie, M.D.</b> (Degree or title)				23b. ADDRESS <b>1103 Grand Ave. H.C. Mo.</b>			23c. DATE SIGNED <b>4-16-49</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>4-16-49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Crete, Nebraska</b>		24d. LOCATION (City, town, or county) (State) <b>Crete, Nebraska</b>				
DATE REC'D BY LOCAL REG. <b>4-16-49</b>		REGISTRAR'S SIGNATURE <b>Sheraldine Holmes</b>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Thomas E. Quirk 4316 Troost Ave.</b>				

(Licensed Embalmer's Statement on Reverse Side)

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

661 ST. MARY

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.....

Student Embalmer No. ....

working under my personal supervision.

Signed.....

*Thomas C. DeWitt*

Signed.....

Student Embalmer

Licensed Embalmer No. ....

3725

P. O. Address.....

*M. C. DeWitt*

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.