

DEPARTMENT OF COMMERCE THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF THE CENSUS
FILED DEC 6 1945 STANDARD CERTIFICATE OF DEATH

38326

Registration District No. 297 Primary Registration District No. 4446 State File No. _____ Registrar's No. 68

1. PLACE OF DEATH:
(a) County Ray
(b) City or town Hardin
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution all her life
In this community all her life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Ray
(c) City or town Hardin
(d) Street No. _____
(e) Citizen of foreign country? no
If yes, name country American

3. (a) PRINT FULL NAME Sillie Viola Walker
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov day 19 year 1945 hour 5 minute 15 P.

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

21. I hereby certify that I attended the deceased from Nov 7 1945 to Nov 19 1945 that I last saw her alive on Nov 19 1945 and that death occurred on the date and hour stated above.

7. Birth date of deceased Oct-11-1883
(Month) (Day) (Year)

Immediate cause of death Heart Block, Probable Coronary Occlusion

8. AGE: Years 62 Months 1 Days 8 If less than one day hr. _____ min. _____

Due to acute Myocardial Duration 1 day

9. Birthplace Ray Co Mo
(City, town, or county) (State or foreign country)

Due to Release of Heart and Renal Artery Condition

10. Usual occupation House Keeper

Other conditions Varicose Veins of Legs
a broken Operation 2 or 3 yrs ago

11. Industry or business _____

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

12. Name Thomas Edward Shaw
13. Birthplace Ray Co
14. Maiden name Margaret Anna Martin
15. Birthplace Ray Co

Major findings: _____
Of operations _____
Of autopsy g40

16. (a) Informant Samuel G. Walker (Son)
(b) Address 3535 Central, Kansas City, Mo

22. If death was due to external causes, fill in the following: _____

17. (a) Burial (b) Date thereof 11 21 45
(Burial, cremation, or removal) (Month) (Day) (Year)

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____

(c) Place: burial or cremation Hardin Cem

(c) Where did injury occur? _____
(City or town) (County) (State)

18. (a) Signature of funeral director John W. Knipschell
(b) Address Hardin Mo

(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 _____

19. (a) Nov 27 - 1945 (b) Mabel Jackson
(Date received local registrar) (Registrar's signature)

23. Signature Maurice Grimes (M. D. or other) _____
Address Hardin, Mo. Date signed 11/19/45

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

1637

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

....., Registered Apprentice No.
working under my personal supervision.

Signed John W. Knipschild

Licensed Embalmer No. 2789

P. O. Address Hardin 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.