S. No. 2
I—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 10 1948
Registration District No. 316

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6044

State File No. 5971

Registrar's No. 635

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Cantwell
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
(Specify whether
In this community
years, months or days)

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

3. (a) PRINT FULL NAME Mary Y. Walston
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Richard Walston
6. (c) Age of husband or wife if alive 77 years
7. Birth date of deceased March (Month) 31 (Day) 1880 (Year)

8. AGE:	Years	Months	Days	If less than one day
	67	10	19	hr. min.

9. Birthplace (City, town, or county) Mo. (State or foreign country)
10. Usual occupation House Wife
11. Industry or business

MOTHER FATHER
12. Name Fred Mund
13. Birthplace (City, town, or county) Germany (State or foreign country)
14. Maiden name Minnie Mund
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant Richard Walston
(b) Address Cantwell, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-22-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Marvin Chapel
18. (a) Signature of funeral director C. Z. Boyer & Son
(b) Address Desloge, Mo.
19. (a) 3-4-48 (Date received local registrar) (b) Esther Rudloff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 20
year 1948 hour 7 minute 30 A. M.
21. I hereby certify that I attended the deceased from Jan 15, 19 48 to Feb 20, 19 48
that I last saw h alive on February 20, 19 48
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma - rt breast	4-5 yr
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 50
Of autopsy

PHYSICIAN
Underline the cause of 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. L. Foster (M. D. or other) MD
Address Desloge Mo Date signed 2-21-48

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 348-328

Date Filed 3-9-48

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 L. T. Sayre

Licensed Embalmer No. 3660

P. O. Address Lewisburg 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.