REC'D SEP 21 1939

# MISSOURI STATE BOARD OF HEALTH
## BUREAU OF VITAL STATISTICS
### CERTIFICATE OF DEATH

29633
Do not use this space.

1. PLACE OF DEATH
(a) County: Macon
(b) Township or City: ~~Hudson~~ Macon, Mo.
Registration District No.: 533
Primary Registration District No.: 3027
Registered No.: 76
(d) Street No.: ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME: Harry D. Walker
(a) Residence, No.: 426 Macon, Mo. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Jennie Burnell Walker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 2, 1877

7. AGE: Years 62 | Months 2 | Days 21 | If LESS than 1 day, ....hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.:
9. Industry or business in which work was done, as saw mill, bank, etc.: Tinner.
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Macon County, Mo. 0

FATHER
13. NAME: Wm. P. Walker 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Bucklin, Mo. 0

MOTHER
15. MAIDEN NAME: Laura Patton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Macon, Mo.

17. INFORMANT (ADDRESS): Mrs. Harry Walker. Macon, Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE: Oakwood Cem. DATE: 8/25/39, 19..

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Albert Skinner. Macon, Mo.

20. FILED 9/8, 1939 Leota Newton
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): August 23, 1939

22. I HEREBY CERTIFY That I attended deceased from Aug 20, 1939, to August 23, 1939
I last saw him alive on August 23, 1939. Death is said to have occurred on the date stated above, at 5:00 P. M.
The principal cause of death and related causes of importance were as follows:

Cerebral apoplexy, 8/20/39
Hr

Date of onset

Other contributory causes of importance:
Arteriosclerosis 1930 or

Name of operation: 0 Date of:
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury:
Nature of injury:

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify:
(Signed) J. J. Turner, M. D.
(Address) Macon Mo.

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FEB 25 1942

RECEIVED
District Health Officer No. 10
District File Number 9-39-1640
Date Filed SEP 11 1939

**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 [illegible]

Licensed Embalmer No. 4066

P. O. Address Macon, Mo.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to con with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**